THE MEDICAL COLLEGE OF GEORGIA
The Health Sciences University of the State of Georgia

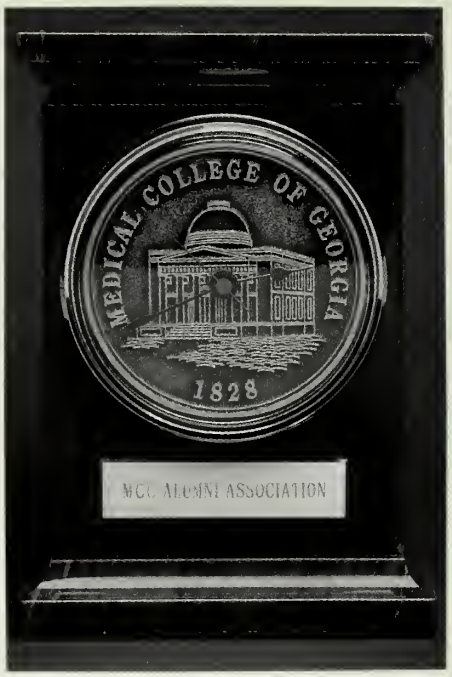
Today

Volume 21, Number 2 Winter 1993

Help Is on the Way

Pediatric Critical Care Transport Program

Unique gifts for alumni



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MCG Pure Silk Scarf

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$25 each
$5 shipping and handling

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THE MEDICAL COLLEGE OF GEORGIA
The Health Sciences University of the State of Georgia

Today

Volume 21, Number 2 Winter 1993

Introduction

One of the most enduring characteristics of the Medical College of Georgia is the way its message and mission reach so far beyond campus, like the waves of a pebble tossed into a pond.

MCG's graduates are the most obvious conduit for the lives directly or indirectly touched worldwide. MCG alumni carry the soul of the institution wherever they go. Consider, for instance, Dr. Judson Hawk, a graduate of MCG's School of Medicine and senior advisor for children's issues for The Atlanta Project, an initiative to address problems such as poverty, homelessness and drug abuse. His work will involve setting up health-care services in Atlanta's most impoverished neighborhoods with an eye toward prevention.

Dedicated faculty and students also push the boundaries of MCG's influence, constantly ready and eager to go the extra mile to help a fellow man. Dr. Saundra Turner, a faculty member of the School of Nursing, rounded up interested nursing students in September and trekked to Homestead, Fla., one of the sites most devastated by Hurricane Andrew. The hands they extended to hurricane victims changed not only the victims' lives, but their own.

And of course, ongoing advancements in research and patient care directly and profoundly affect the lives of those who entrust MCG with their care. Read about new technology enabling videotape of the speech process, a breakthrough that can help restore a voice or diagnose disease. And learn about MCG's pediatric transport program, a means of quickly and effectively reaching out to sick and injured children statewide and beyond.

Also featured in this edition is a look inside MCG's new Ambulatory Care Center/Specialized Care Center, a facility that attests to the school's commitment to anticipate health-care trends and offer second-to-none service.

You may notice that the format of the magazine has changed somewhat. In the past, each edition of the magazine (except for a year-in-review Annual Report) was devoted to a central theme. We've deviated from that format this year to devote each edition to examples of excellence, wherever they may lead us. We hope you like the change. Don't hesitate to give me, the editor, a call to comment on any aspect of the publication. The publications office is always happy to hear your comments and suggestions. You may reach me toll-free at 1-800-869-1113.

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A Note to Readers

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The Medical College of Georgia is the health sciences university of the University System of Georgia. Focusing on health-care education, research and patient care, the Augusta-based institution consists of MCG Hospital, more than 80 support clinics, statewide outreach programs and the Schools of Allied Health Sciences, Dentistry, Graduate Studies, Medicine and Nursing.

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Wendy Blass

Who would have guessed it was more than just a cold?

The persistent cold turned into flu that over days would get better, then worse, and finally leave her too weak to get out of bed.

A bad flu was going around the winter of 1991; a lot of people were complaining of the same thing. Surely after Christmas, Wendy Blass would get better.

Then came that Jan. 11 Friday night.

"She was in bed and not very responsive," said her mother, P.J. Blass. "The day she went in, she had lost bladder control."

Earlier in the day, she had called the family physician, Dr. Martin N. Schnell, and he told her he'd come by.

Instead, he ended up meeting the family that Friday night at St. Joseph Hospital emergency room.

"She would open her eyes, but she was completely disoriented; she would not respond to anything but pain," Dr. Schnell said. She had little hemorrhages all over her body and was in shock.

He responded. "Her blood count was incompatible with life." He started giving her blood; inserted a nasogastreal tube; began antibiotics; got a computerized tomography scan of her head and stomach. Wendy's blood work indicated a leukemic process.

Dr. Schnell called the Medical College of Georgia Children's Medical Center. It was a familiar call. He'd just finished his family medicine residency at MCG in 1990.

Dr. Virgil C. McKie, pediatric hematologist-oncologist on call, got the grim news over the telephone. Wendy, he knew, needed to get to the Children's Medical Center.

"Obviously she had some sort of hematologic problem. They were concerned that she had bled into her head," Dr. McKie said. "She was extraordinarily unstable and I wasn't even sure she would survive the transport, to tell you the truth."

She couldn't leave the eyes and hands of a doctor and nurse. She needed the pediatric critical care transport team.

"We've got intravenous pumps, intravenous tubing. We've got a drug box with five or six different IV fluids in it, all the essential resuscitation medicines, emergency antibiotics, medications to paralyze, medications to sedate, calcium, potassium," said Renee Wingard, pediatric critical care nurse and a member of that pediatric critical care transport team.

"In our big duffle bag, we've got central venous lines, Foley catheters and n-g tubes that we can put in as needed. We've got intubation tubes to put in so they can

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breathe. We've got all the stuff to start an IV with. We've got everything that you could think of that you would have to do right away. It's always ready," said the nurse of 11 years who made the critical five-block trip with Dr. Lyle Eugene Fisher, a fellow in pediatric intensive care medicine, to get Wendy.

"You never can tell over the telephone what you are going after. Sometimes you go expecting far worse than what you walk into. Sometimes you go expecting far less. I remember we walked into the emergency room.... Over in (Wendy's) right shoulder area, she had a large hematoma, like a giant bruise. Her white blood cell count was .6; normal is probably 5 to 10. Her red blood cell count was low. She was really very anemic," Mrs. Wingard said. "She could have bled out at any point."

Dr. Anthony Pearson-Shaver, pediatric intensivist and medical director of the pediatric critical care transport team, thinks back to his first critical care transport. It was New Year's Eve a decade ago. The child involved happened to be his own.

The family was at home, about 20 miles outside Chattanooga. "A playful child woke up that morning excited that great-grandmother was going to come visit (and) who had a little bit of a sore throat," Dr. Pearson-Shaver said.

By 2 p.m., Lloyd, then 4, couldn't eat potato chips. A concerned dad-doctor stuck his head in Lloyd's room one more time before going out for New Year's Eve. His attuned ears heard the noisy, difficult breathing of an airway beginning to narrow. A bacterial infection has caused a swelling of his son's upper airway. He called the emergency room, 20 miles and at least 20 minutes away.

"I have to tell you I spent all that time thinking about those old movies and the advanced cardiac life support stuff on how to do a cricothyroidotomy, and I had my pen knife with me in case I had to cut this kid's throat open.

"I didn't get nervous until after he came out of the operating room and he was intubated and they put him in the PICU. Then I got nervous. I wasn't thinking like a parent, I was thinking like a doc. I wasn't comfortable."

Later, Dr. Pearson-Shaver received pediatric intensivist training at Children's Hospital of Pittsburgh, where an active pediatric critical care transport service made 300 runs a year. He got comfortable.

But as a fellow, he learned that some-

Dr. Anthony Pearson-Shaver

body who sits in a PICU with equipment and subspecialists at his fingertips can't, and shouldn't, judge what a doctor is feeling at a remote location. He also learned that he didn't want to go anywhere that wasn't interested in pediatric critical care transport.

Drs. McKie and Pearson-Shaver were waiting for Wendy when she got to the PICU at the MCG Children's Medical Center.

"Wendy was a real shocky kid," Dr. Pearson-Shaver said. "We were also concerned about her head. But we had to treat the shock. She required a lot of drugs. She required a lot of monitoring. It was just very tense. She wasn't stable enough (for us to) leave the bedside for very long."

"From the first, I thought about leukemia because she had some purple lesions, like bruises, that suggested her platelet count might be abnormal," Dr. McKie said. "For the first couple of hours, (Dr. Pearson-Shaver) and his crew were really kind of busy saving her life, keeping her blood pressure going, establishing good ventilation, an overall general assessment, getting some blood available for her because she was so anemic."

"Her mental status started to change; she became much less interactive, to the degree that we felt her pupils might be beginning to dilate," Dr. Pearson-Shaver said. "(We were afraid) her brain might be swelling. That's one of those things that you have to treat right away."

For the first 48 hours, nobody left Wendy's bedside for long.

A peripheral blood smear showed she had leukemic cells. When Wendy was stabilized, Dr. McKie took a blood sample out of her hip, looked under a microscope and saw what he expected.

"Leukemia is a process by which the mechanism that controls the production of white blood cells is abnormal; we don't really know why," Dr. McKie said. "But the uncontrolled production of immature white blood cells essentially crowds out the bone marrow so it is unable to produce red cells, platelets and normal white blood cells. It makes you anemic, subject to infection, subject to bleeding."

Wendy was subject to all those things.

A spinal tap to look for evidence of hemorrhage or leukemia cells in the spinal fluid was negative. "That was good," Dr. McKie said. "It hadn't spread there. It usually starts (to spread) in the bone marrow."

"When Dr. McKie gave us the diagnosis, he explained that if Wendy lived, we would begin chemotherapy," said her father, Dale Blass. "That was the way he prefaced it. She probably had a half dozen things, any one of which probably should have killed her, when she got to MCG."

...when you see the ones that you know just shouldn't have made it.... Then they pull through and get well.... That's the best thing in the world.

The family turned to its strong faith and to the Children's Medical Center team.

The first order of business was to stabilize her and not rush right in with chemotherapy, because she had more pressing problems, Dr. McKie said.

Dr. Pearson-Shaver will tell you doctors have no business at an accident scene. But when a critically ill child is being transported from one hospital to another, doctors and nurses are vital, he said.

"The paramedic is doing the best job he can do. But he is not trained to monitor therapy that was started in the hospital."

And hospital-to-hospital transfers of critically ill or injured children are just plain different.

"For instance, the notion that babies in distress are irritable. Most people think that when babies are irritable, that means they are hurting and when they calm down, they are OK. Well, sometimes they are not OK when they calm down. Sometimes they are getting worse."

Non-physicians also may be unfamiliar with the pediatric range of blood pressures, he said, which vary with the size of the child, as do heart and respiratory rates. The MCG pediatric critical care transport team always has a bag packed with special monitoring equipment that accounts for pediatric ranges. The team treats and transports children with organ system failure or those whose physicians request them.

Probably a third of the calls have been for children with a heart-related illness, those with undetected heart defects that lead to heart failure. Probably another 20 percent are children with seizures, from high fevers, structural abnormalities, bleeding, infection or head trauma. Primary respiratory problems, such as pneumonia and near-drownings, are more good reasons to hit the road.

When the call comes, the team likes to be on the way within 45 minutes. Decisions on ground or air transport are as individual as the child. National efforts are under way to help assess a child's condition by telephone to determine just who needs this type of service, Dr. Pearson-Shaver said. It sounds easy, but it isn't, he said.

"This is going to sound real altruistic, but we really felt that it was a need to provide this service for kids," Dr. Pearson-Shaver said of the team that began as a ground unit and Georgia's first pediatric critical care transport team in August 1990, then added air transport capabilities in October 1991. "We felt very strongly that the kids in Georgia, that the physicians that refer patients to us, required this service.

"We felt that we could provide a way of getting children here with fewer complications and that we could improve the care of the real sick kid before he got here."

Dr. Schnell has rotated through the PICU as a resident. Last January, his role was different; he was Wendy's primary-care provider, her friend, the family's friend.

"I've never seen a patient in my life as sick as Wendy...that didn't die. They let me have free access to come in and see her." The team told him exactly what it was up to. "I could not appreciate what they did for families while a resident. I recognized it but never fully appreciated it," he said.

"You hardly ran into anybody who you didn't feel honestly, truly cared about you," Mr. Blass said. "They weren't just interested in Wendy as a patient, but they were interested in our whole family. They were interested in how we were coping with the situation as well as how Wendy was doing."

The first sighs of relief came after Wendy's three weeks at the Children's Medical Center, after she got strong enough to walk up and down stairs again.

"I don't know, as long as you have kids, that you ever breathe the last sigh," Mr. Blass said.

Wendy probably has another couple of years of chemotherapy ahead of her. Dr. McKie is optimistic that the ultimate news he gives her family will be good.

"You can't even describe it, when you see the ones that you know just shouldn't have made it, in all reality," Mrs. Wingard said. "Then they pull through and get well. You see them up, playing. That's the best thing in the world."

So the bags stay packed at the PICU. ■

—TONI BAKER

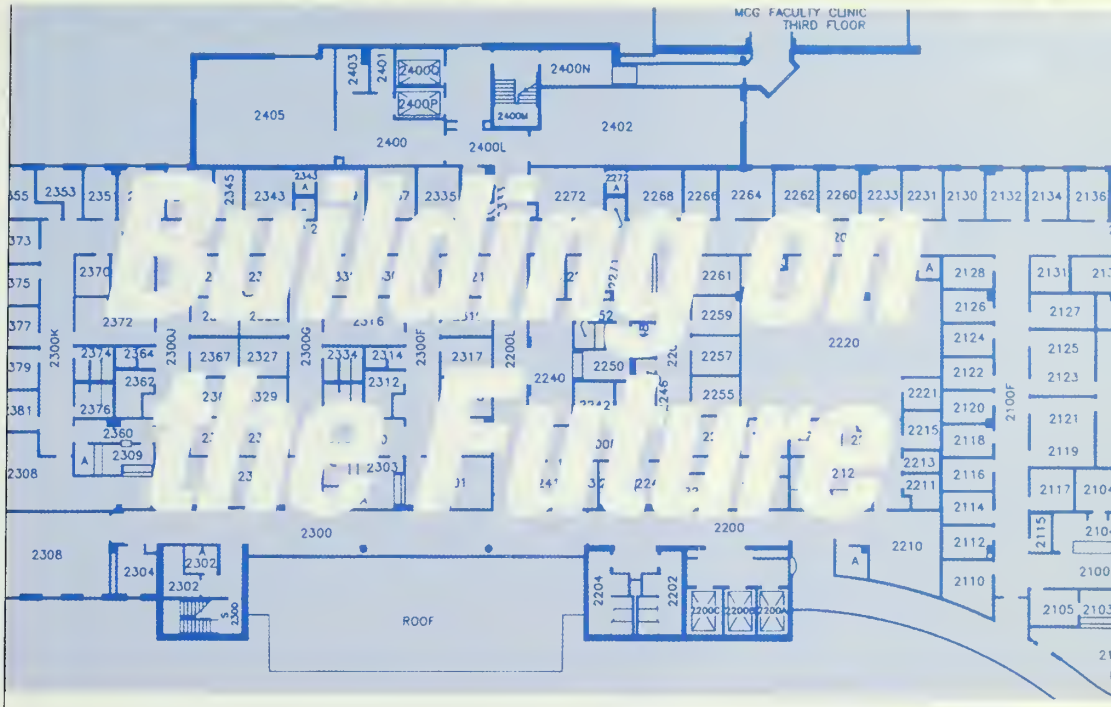
The Medical College of Georgia dedicated a new facility Sept. 29 that poises the institution for the future and enables better health-care service for those in Georgia and beyond.

Georgia Gov. Zell Miller was among the state dignitaries on hand to christen the Ambulatory Care Center/ Specialized Care Center, a $37 million addition that consolidates and expands the hospital's critical-care and outpatient capabilities. The five-story addition is connected to the hospital's existing Sydenstricker Wing and crosses over Harper Street.

The ACC consolidates more than 88 outpatient clinics into one convenient location for patients and families. The Specialized Care Center is a sort of intensive-care tower, with the already-occupied emergency room and trauma center receiving area on the first floor. Most of the hospital's intensive-care units will be located on the floors above. Phased occupation of the addition begins in early November, and the majority should be complete within six weeks.

Dr. H. Dean Propst, chancellor of the University System of Georgia, cited the facility as an example of MCG's claim to national prominence. "We in higher education talk a lot about arts and sciences," he said. "Perhaps the greatest of the arts is caring for our fellow human being. I believe this institution is well on its way to becoming a premier (health-care) institution in the nation. It is one the state's greatest assets."

The facility's $37 million price tag comes at no cost to Georgia taxpayers. The state loaned the money to the institution by subtracting the loan amount from the state contribution to the hospital. MCG then is allowed to make up the difference through hospital revenue, "so no additional taxes were required by the state to pay off this debt," said Dr. Francis J. Tedesco, president of MCG.



"It's all too easy to be deterred by labeling financing problems as insurmountable," said Dr. Robert G. Petersdorf, president of the Association of American Medical Colleges and guest speaker for the dedication. "You seem to have made a splendid start. I congratulate you on your vision,

Ambulatory Care Center/ Specialized Care Center under construction, 1991

commitment and dedication."

The idea of a consolidated outpatient facility and critical-care facility to meet current and future health-care needs was recommended in MCG's Master Plan, a 10-year plan for the university that was first developed in the mid-1980s and has been continuously updated since. The addition also has been built with the new Children's Medical Center in mind. The Children's Medical Center is second on the University System of Georgia Board of Regents' Capital Projects Priority List. The center will be built adjacent to the ACC/SCC, at the site of the present School of Nursing building on Harper Street. The walls of the ACC/SCC have been built so the new Children's Medical Center can be connected to the SCC tower. The third floor of the ACC, which will house pediatric clinics, also will be connected across Harper Street to the new children's facility.

The ACC/SCC adds 365,822 square feet to the patient-care complex at MCG. The original, nine-story Eugene Talmadge Memorial Hospital had 414,352 square feet when it opened in 1956 as the teaching hospital for MCG. The eight-story Sydenstricker Wing opened in 1976 and added 316,992 square feet to the patient-care area. The new addition brings the total square footage devoted to patient care on the MCG complex to more than 1 million square feet.

Ground was broken on the new facility in 1989, overseen by the Atlanta architectural firm Jova, Daniels and Busby. Construction began in March 1990 and was completed on schedule.

"The road to this moment has been paved with the most admirable of human traits: hard work, perseverance and commitment," said R. Edward Howell, executive director of the MCG Hospital and Clinics. "This signifies a milestone of which we are most proud."

—TONI BAKER and CHRISTINE HURLEY DERISO

Ambulatory Care Center/Specialized Care Center

Floor by Floor

First floor

ACC—Family Medicine Center; patient pharmacy; central registration area and information desk for ACC and main ACC lobby.

SCC—Emergency services; receiving area for Regional Trauma Center; telemedicine. This was the first portion of the addition to open. Patients were seen there beginning February 1992.

Mezzanine

ACC—Medical records

Second floor

ACC—Medicine outpatient clinics, including rheumatology, allergy-immunology, internal medicine; orthopedic surgery outpatient clinic; clinical pathology laboratory and radiology services to support ACC.

SCC—Radiology and pharmacy services to support critical-care units in SCC tower, including pulmonary function laboratory, cardiac diagnostic laboratory, STAT lab for the critical-care units, emergency and trauma areas and operating room.

Third floor

ACC—Children's Medical Center outpatient facilities; neurology clinics; neurology diagnostic laboratory.

SCC—12-bed shock-trauma intensive-care unit, with two ICU beds designated for burn patients; 12-bed surgical ICU.

Fourth floor

ACC—Surgery outpatient clinics, including plastic surgery, urology, ear-nose-throat (orthopedic services are located on the second floor); speech and audiology services; ophthalmology outpatient clinic.

SCC—12-bed medicine ICU; undesignated 12-bed ICU; pharmacy to support SCC.

Fifth floor

ACC—Obstetrics and gynecology outpatient clinics; dermatology clinics; ambulatory care services administration.

SCC—Future site of neonatal ICU and support services.

AlumNews

FACTS Campaign Nets $209,323

Christine Hurley Deriso

About 63 percent of the Medical College of Georgia faculty participated in a faculty fund-raising campaign, raising $209,323 for the institution.

The Faculty for the Advancement of Clinical Care, Teaching and Science campaign, or FACTS, kicked off in March to familiarize faculty with the MCG Foundation and to involve them in fund-raising, according to Bruce Howerton, director of planned giving at MCG.

The MCG Foundation is a non-profit corporation to advance the institution. The foundation enables donors to make a tax-deductible contribution to MCG. Donors may specify the use of the contribution or the donation may be unrestricted, to be used for a need approved by the foundation board of directors.

The campaign concluded for the year in June.

"We were very pleased with the results and the interest level of the faculty," Mr. Howerton said. "One purpose of the campaign was to educate the faculty about how funds in the MCG Foundation are used, and we feel we achieved that."

The campaign also marked a 42 percent increase in the percentage of faculty who contributed in fund-raising in 1992 as opposed to 1991.

Faculty in each of MCG's five schools, plus MCG administrators, were asked to participate. Participation ranged from 56 percent in some schools to 100 percent. The average gift was $404.10.

A 1993 FACTS campaign will kick off in February. ■

1993 Homecoming Activities Planned

Editor's Note

The following activities are planned for MCG's 1993 homecoming celebration planned April 29 through May 2. More information will be published in the spring edition of AlumNews. For more information, contact Tammy Berry, alumni activities coordinator, at 1–800–869–1113.

General Information Those who pre-register for homecoming by mailing or calling in reservations for events by April 19 are eligible for prize drawings April 29 at 4 p.m. in the MCG Alumni Center. Prizes include dinners for two, weekend activities for two and MCG merchandising items. You needn't be present to win.

Refunds for homecoming events will not be made for reservations canceled after April 19.

To make reservations or for more information, contact Ms. Berry.

Accommodations and Travel
Room blocks have been made at several Augusta hotels for homecoming guests. Guests are responsible for making reservations. First come, first served. The cutoff date for making hotel reservations is April 1.

Participating hotels include:

Radisson Hotel Augusta/Conference Center
Two Tenth Street
(706) 722–8900

Sheraton Augusta Hotel
2651 Perimeter Parkway
(706) 855–8100

Landmark Hotel
640 Broad Street
(706) 722–5541 or
1–800–257–5060

Bradbury Suites Hotel
1062 Claussen Road
(706) 733–4656

Telfair Inns
326 Greene Street
(706) 724–3315

Oglethorpe Inn
836 Greene Street
(706) 724–9774

Partridge Inn
2110 Walton Way
(706) 737–8888 or
1–800–476–6888

Delta Air Lines is the official airline for homecoming. Call 1–800–241–6760 and refer to file reference number L0686.

Babysitting The alumni office (1–800–869–1113) will supply a list of babysitters and their telephone numbers upon request. You are to make arrangements with the babysitter and make payment directly. MCG does not guarantee and is not responsible for the quality of service.

Daily Schedule of Events

Thursday, April 29
—Registration: MCG Alumni Center, 9 a.m. to 2 p.m.
—Graduate Studies Distinguished Alumnus Award Presentation and Lecture, room 108, Robert Greenblatt, M.D. Library, Noon.
—Graduate Studies Luncheon, conference room, Murphey Building, 1:30 p.m., $8 per person.

Friday, April 30
—Registration: MCG Alumni Center, 9 a.m. to 5 p.m.
—Associated dental sciences program, ballroom, MCG Alumni Center, 8 a.m. to 12:30 p.m.; 2 to 5 p.m.
—Medical technology symposium: "Personnel Competency Testing," Telfair Inns, 8:15 a.m. Luncheon at noon. Fee for both: $18. Lunch only: $12. Contact Lynn Ford, (706) 721–8733, for more information.
Deadline: April 18.
—Tour of Ambulatory Care Center /Specialized Care Center. Tours start from lobby of MCG Alumni Center. 10 a.m. and 2 p.m.
—Homecoming golf tournament, Jones Creek Golf Club, 11 a.m. Cost to be announced.
—Medicine dean's reception, solarium, Old Medical College, 5 to 7 p.m.
—Graduate studies fish fry, ballroom, MCG Alumni Center, 6 p.m., $8 per person. (Free to students.)
—Dentistry reunions for classes of '78, '83 and '88, Princess Augusta Riverboat, board at 6 p.m., $35 per person (includes meal, tax, gratuity, band.) Cash bar.

continued on page 8

Homecoming 1993 Registration Form

School _____ Graduation year _____

Full name _____ Social security number _____

Preferred address (indicate if address is home or business) _____

Home telephone _____ Business telephone _____

Name of guest/spouse _____

Do you need a babysitter during homecoming? ☐ Yes ☐ No

I plan to attend the following: *

Allied Health Sciences

- ☐ Friday associated dental sciences program
- ☐ Medical technology symposium
- ☐ Golf tournament (cost tba) ___ Handicap
- ☐ Tours of Ambulatory Care Center/Specialized Care Center Preferred time ☐ 10 a.m. ☐ 2 p.m.
- ☐ Allied health dinner (cost tba)
- ☐ Saturday associated dental sciences program
- ☐ MCG Foundation board meeting
- ☐ President's reception

Dentistry

- ☐ Golf tournament (cost tba) ____ Handicap
- ☐ Tours of Ambulatory Care Center/Specialized Care Center Preferred time ☐ 10 a.m. ☐ 2 p.m.
- ☐ Dentistry reunions for '78, '83, '88
- ☐ Dentistry program and luncheon
- ☐ MCG Foundation board meeting
- ☐ President's reception

Graduate Studies

- ☐ Distinguished Alumnus Award presentation/lecture
- ☐ Luncheon
- ☐ Golf tournament (cost tba) ____ Handicap
- ☐ Tours of Ambulatory Care Center/Specialized Care Center Preferred time ☐ 10 a.m. ☐ 2 p.m.
- ☐ Fish fry
- ☐ MCG Foundation board meeting
- ☐ President's reception

Medicine

- ☐ Golf tournament (cost tba) ___ Handicap
- ☐ Tours of Ambulatory Care Center/Specialized Care Center Preferred time ☐ 10 a.m. ☐ 2 p.m.
- ☐ Dean's reception
- ☐ Alumni banquet and meeting
- ☐ Alumni association board meeting
- ☐ Alumni association/ foundation luncheon
- ☐ MCG Foundation board meeting
- ☐ President's reception
- ☐ Class of '43 March reunion
- ☐ Class of '43 December reunion
- ☐ Class of '48 reunion
- ☐ Class of '53 reunion
- ☐ Class of '58 reunion
- ☐ Class of '63 reunion
- ☐ Class of '68 reunion
- ☐ Class of '73 reunion
- ☐ Class of '78 reunion
- ☐ Class of '83 reunion
- ☐ Class of '88 reunion
- ☐ Dinner for non-reunion classes
- ☐ Alumni association memorial service
- ☐ Emeritus Club luncheon

Nursing

- ☐ Nursing program and dinner (cost tba)

Total enclosed $_____

Make checks payable to MCG Homecoming 1993/Mail to:

Tammy Berry
Medical College of Georgia
FI–1053
Augusta, GA 30912
1–800–869–1113

Deadline: April 19. Refunds will not be made for reservations canceled after this date.

*Indicate number in party after each item checked. Refer to adjoining homecoming article for costs.

Homecoming... *cont. from page 7*

—Nursing program highlighting 50th anniversary, dinner and presentation of the Distinguished Alumni Awards, Radisson Hotel Augusta and Conference Center, 7 p.m. Cost to be announced.
—Allied health sciences 25th anniversary celebration dinner and presentation of the Distinguished Alumnus Award. Location, time and cost to be announced.
—Medicine alumni banquet, presentation of the Distinguished Alumni Awards and installation of new alumni association officers, ballroom, Old Medical College, 7 p.m., $35 per person.

Saturday, May 1

—Registration: MCG Alumni Center, 9 a.m. to 4:30 p.m.
—Associated dental sciences program, School of Dentistry building, 8 a.m.
—Dentistry program, School of Dentistry building, 8 a.m., registration. 8:30 a.m. to 4:15 p.m., program. $75 for SDAA or AGD members before April 19 and $100 afterward; $150 for non-members before April 19 and $175 afterward. Cost includes luncheon in the MCG Alumni Center.
—Medicine alumni association board of directors meeting, large conference room, Old Medical College, 9:30 a.m.
—Dentistry alumni association business meeting, School of Dentistry building, 11:30 a.m. to noon.
—Dentistry luncheon and presentation of Distinguished Alumnus Award, ballroom, MCG Alumni Center, 11:30 a.m.
—Medicine alumni association and MCG Foundation luncheon, solarium, Old Medical College, 11:30 a.m.
—MCG Foundation board of directors meeting, large conference room, Old Medical College, 1 p.m.
—President's Reception, president's home, 920 Milledge Road, 3:30 to 5:30 p.m.
—Medicine 1943 March reunion, Radisson Hotel Augusta, 7 p.m., $40 per person.
—Medicine 1943 December reunion, Radisson Hotel Augusta, 7 p.m., $40 per person.
—Medicine 1948 reunion, Radisson Hotel Augusta, 7 p.m., $40 per person.
—Medicine 1953 reunion, Radisson Hotel Augusta, 7 p.m., $40 per person.
—Medicine 1958 reunion, Radisson Hotel Augusta, 7 p.m., $40 per person.
—Medicine 1963 reunion, location to be announced, 7 p.m., $40 per person.
—Medicine 1968 reunion, Radisson Hotel Augusta, 7 p.m., $40 per person.
—Medicine 1973 reunion, location to be announced, 7 p.m., $40 per person.
—Medicine 1978 reunion, location to be announced, 7 p.m., $40 per person.
—Medicine 1983 reunion, location to be announced, 7 p.m., $40 per person.
—Medicine 1988 reunion, location to be announced, 7 p.m., $40 per person.
—Dinner for medicine alumni not having a reunion, solarium, Old Medical College, 7 p.m., $40 per person.

Sunday, May 2

—Medicine alumni association memorial service, solarium, Old Medical College, 11 a.m.
—Medicine Emeritus Club luncheon featuring induction of class of '53, ballroom, Old Medical College, 11:30 a.m., $15 per person. ■

Class Notes

School of Allied Health Sciences

Diana Damm (medical technology, '87), a medical technologist in the MCG Outpatient Clinic Laboratory, has been awarded an Army Achievement Medal for Outstanding Achievement and Meritorious Service while employed in the Clinical Laboratory at Eisenhower Army Medical Center.

continued on page 22

Dr. Francis J. Tedesco (top, center) greets guests during MCG's fall President's Dinner, an event to honor the school's most generous individual donors. (Center: Other guests chat during President's Dinner.)

The unveiling of the portrait of the late Dr. Curtis Carter. Dr. Gregory Eastwood (from left), Alice Carter, Dr. Francis Tedesco, Mary Carter and Dr. Joseph Bailey.

Allied Health Sciences

Allied Health Sciences Celebrates 25th Anniversary

Christine Hurley Deriso

The Medical College of Georgia School of Allied Health Sciences celebrates its 25th anniversary this year and has scheduled a series of activities to mark the event.

The theme of the anniversary is "Twenty-five years of excellence in education and promotion of health for Georgia." Activities will commemorate the history of the school, which was founded in 1968 by Dr. Raymond Bard.

Dr. Bard joined the MCG faculty in 1967 as professor of cell and molecular biology and as the institution's first vice president.The next year, he consolidated existing allied health programs and formed the school. Allied health education at MCG actually traces its roots back to 1937, at which time the school offered laboratory training in medical technology.

Today, the school offers degrees in associated dental sciences, health information management, medical illustration, medical technology, occupational therapy, physical therapy, physician assistant, radiologic technologies and respiratory therapy.

Dr. Biagio Vericella, dean of the school since Dr. Bard's retirement in 1988, will oversee anniversary activities, which will culminate during homecoming 1993. A video history of the school will be available, along with a brochure and other memorabilia. For more information, contact Dr. Vericella at (706) 721–2621. ■

Program Addresses Rural Health-Care Shortage

Ingrid Heggoy

The Medical College of Georgia School of Allied Health Sciences and the Georgia Hospital Association have initiated a program to recruit and retain rural health-care workers in Georgia.

The program, funded through a two-year, $200,000 grant from the U.S. Department of Health and Human Services, is designed to help combat the shortage of rural health-care personnel, according to Dr. Nancy Prendergast, project director and associate dean of the School of Allied Health Sciences.

The program's two main facets include teaching teamwork techniques to students and employees of rural hospitals through seminars; and rotating teams of allied health students through rural hospital internships.

"The program is designed to reach nursing and allied health students, such as physician assistant students and those in other allied health fields, through clinical rotations in rural hospitals," Dr. Prendergast said. "It also will reach nurse practitioners, physician assistants and allied health personnel now employed in rural areas. We hope that the students will get a feeling for what it is like to work in a rural setting through this program, and that some of them will want to return there after graduation."

The first year of the program will be devoted to developing and implementing the team-building seminars and identifying interested hospitals as rotation sites. "The team-building training will be directed toward the students," Dr. Prendergast said. "A team of students on a rotation may identify a problem in the setting, and (the students) would work together to find a solution for the problem."

These problems might include scheduling or communication problems or nearly any other difficulty encountered in the work setting, according to Dr. Prendergast.

During the second year, more rotation sites will be identified and training seminars will be expanded to include such sites as the state health education centers in Albany and Dublin.

Dr. Prendergast hopes to establish at least six training sites at hospitals in rural Georgia. "Both MCG and (the Georgia Hospital Association) have already contacted rural hospitals throughout Georgia about joining the program, and early response has been very favorable," she said. ■

3 Certified as Coding Specialists

Ingrid Heggoy

One Medical College of Georgia faculty member and two staff members have been credentialed as a certified coding specialist in the first national examination in this new specialty.

Elizabeth Layman, instructor in the Department of Health Information Management in the School of Allied Health Sciences; Brenda Ray, Department of Surgery; and Paulette Wilson in medical records passed the certification examination.

"Correct and complete coding of medical records has become increasingly vital," said Dr. Charlotte Johnston, chairman of the Department of Health Information Management. "As medical reimbursement becomes a more involved process, a one-digit difference in a code can cost thousands of dollars in reimbursement.

"This new certification is designed to identify those who have exceptional competence in coding. It is not designed for entry-level medical record administrators or accredited record technicians."

The new certification was approved by the American Health Information Management Association in October 1991, and the first examination was given in June 1992. Fewer than half of those who took the test nationwide passed. Applicants coded 22 charts during the six-hour exam and were tested on two coding systems: International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM), and Current Procedural Terminology, 4th Edition (CPT-4). ■

Dr. Bard Helps Retirees Keep MCG Bond Strong

Glenn Hudson

When Dr. Raymond Bard retired as dean of the School of Allied Health Sciences, he discovered that retirees often find it difficult to leave the institution because of the strong bond that has developed between them and MCG.

It is for this reason that he founded the MCG Retirees Association in June 1988. "It is a fraternal group for those who are emotionally attached to the institution," Dr. Bard said. "Our

goal is to support the medical college and its activities."

Any former MCG employee drawing retirement benefits is eligible. Annual dues are $5 and are used for the many social functions held throughout the year. Meetings are held in MCG's Alumni Center four times a year.

More than 600 retirees are currently members. "I have seen an overwhelming desire to participate in the organization," said Dr. Bard, who came to MCG in 1967. He founded the School of Allied Health Sciences in 1968, the Department of Institutional Relations in the late '60s and this magazine, *Medical College of Georgia Today*, in 1971. He also was the first vice president of MCG.

The association is mainly a social group, but members do participate in MCG functions. "We participate in the Children's Miracle Telethon both by direct

Dean Raymond C. Bard

giving and by personal appearances," Dr. Bard said.

For more information about the MCG Retirees Association, call (706) 721-2621. ■

Career Opportunity Day Draws Hundreds

Ingrid Heggoy

More than 300 allied health and nursing students attended the Medical College of Georgia Career Opportunity Day Oct. 29.

Nearly 100 employers from throughout the Southeast and as far away as Texas set up their displays and met with students at the Augusta Radisson Riverfront Hotel. Employers included hospitals, home health firms, private practices, school districts and the armed forces.

"Every year, this event gets bigger and more popular with both the students and the potential employers," said Dr. Randy Butterbaugh, director of student development at MCG. "From last fall, we know of approximately 35 placements, as reported to us by the employers, due to Career Opportunity Day."

The event also was designed to introduce potential employers to the students and their career goals. At a luncheon, Dr. Biagio Vericella, dean of the School of Allied Health Sciences, and Dr. Vickie Lambert, dean of the School of Nursing, gave employers an overview of MCG's students. The luncheon also included a student panel, which answered employers' questions about what they were looking for in their future practice.

Burt Griffin, a representative of the Northeast Georgia Regional Education Services Agency, has attended Career Opportunity Day for several years, and said he was having a productive afternoon.

"I've talked with about 10 or 15 students so far this afternoon," he said. "Some of them won't graduate for another year or two, some will be out soon but now they know about another kind of opportunity available to them: working in school districts. We have several MCG physical therapy and occupational therapy graduates working with us now."

The next Career Opportunity Day will be held in February. ■

Career Opportunity Day held at the Augusta Radisson Riverfront Hotel.

Dentistry

Dental Researcher Studies Ceramic Materials

Glenn Hudson

Dr. J. Rodway Mackert Jr., professor of dental materials at the Medical College of Georgia School of Dentistry, has returned from a six-month stay at the Massachusetts Institute of Technology as a visiting scientist.

Dr. Mackert was part of a team of scientists at M.I.T.'s Ceramics Processing Research Laboratory studying the use of ceramic materials in dental crowns and bridges as well as in non-dental applications.

Among the projects Dr. Mackert participated in were the study of the sintering behavior of ceramic materials, techniques to improve erosion of tooth-colored fillings, and the use of ceramic proppants in the oil-drilling industry.

The sintering of ceramics is a process by which crowns and bridges are formed through a heating process which binds the ceramic particles together. Ceramic materials require much higher melting temperatures than metals, so sintering was developed centuries ago to mold ceramics into a useful shape without having to heat them to the melting point. Heat is applied to the material just until the particles coalesce. The brittle quality of ceramics makes them unattractive for many commercial uses. "The science of metallurgy has been fairly sophisticated for the last 200 years," said Dr. Mackert. "Ceramics research has only gotten going in the last 50 years or so."

The team studied a German dental product, In-Ceram®, which is two to three times stronger than regular ceramic crowns and bridges. In-Ceram was developed to minimize the shrinking which usually occurs during the sintering process. This shrinkage results in the crowns and bridges not fitting the space for which they were intended. The research at M.I.T. was directed at understanding the mechanism of the sintering process and arriving at ways to improve it.

In addition, Dr. Mackert and a colleague at M.I.T. have applied for a patent on a process that will prevent erosion of tooth-colored fillings. "This is a problem which up until now has hindered the acceptance of these dental products," said Dr. Mackert.

The team also studied the behavior of ceramic "proppants," a product used to fracture underground rock strata during the process of oil drilling, and prop open these cracks in the oil-bearing rocks so that the oil deposits may be pumped out more quickly. Thousands of pounds of the millimeter-sized proppant beads are suspended in a liquid mixture, and pumped down into the well under high pressure to fracture the oil-bearing rock. The liquid is then pumped back out of the well, and the proppant material is left behind to allow the oil to flow through the spaces between the proppant beads.

This process is important to the drilling industry because it allows companies to drill much deeper to retrieve oil deposits which before were not accessible. Sand is used to fracture wells up to a depth of about 3,000 feet. The pressure of the surrounding rock deeper than that only crushes the sand and does not allow the oil to be pumped out. The ceramic proppants are much stronger and less prone to crushing under the added rock pressure found at depths around 10,000 feet. Resistance to crushing helps keep the pore spaces around the proppant particles free of debris so that oil can flow easily through the proppant bed.

Dr. Mackert has been a professor in the Department of Restorative Dentistry at MCG for 12 years. He holds a degree in dentistry from the MCG and a Ph.D. in materials science from the University of Virginia School of Engineering and Applied Science. ■

MCG Dental Students Awarded

Ingrid Heggoy

Several Medical College of Georgia School of Dentistry students received scholarships and awards Aug. 31 at the school's annual Omicron Kappa Upsilon Student-Faculty Assembly.

OKU is an international dental honor society.

Senior dental students Dana Fender, Jep Paschal and Richard Meaders; juniors Lance Huthwaite and Holly Rogers; sophomores Denise Hall and Thomas Mazzuchelli; and freshmen Amanda Conti, Amy Dayries, Cynthia Prillaman, Jinnie Shrouder, Derek Stone and Michael Zebell each received a Georgia Dental Education Foundation scholarship of $1,000.

Deann Harmon, Ronald Jessup and Ms. Shrouder each received a $1,000 scholarship for entering students sponsored by Dr. Emile T. Fisher. Mr. Fender and Mr. Paschal each received a $1,000 Emile T. Fisher OKU Scholarship.

Freshman Douglas Maxwell received the full-tuition, four-year Dental Faculty Scholarship. Sophomore Jerry Weldon received a $1,000 scholarship from the Georgia Academy of General Dentistry. Ms. Rogers received the William S. Cramer Award of Excellence.

Senior Whitney Troope; juniors Jim Patterson and Garth Smith; sophomores Sheila Haygood and Robert Hooper; and freshman Matthew Elder each received a $1,000 School of Dentistry Foundation Scholarship.

Seniors Jimmy Arnold and Lisa West; juniors Greg Adams, Tom Gale, Peter Harris, Amy Mitchell, Jon Simmons and Richard Taylor; sophomores Russell Boyd and Keith Burlison; and freshmen Leah McIntyre, Henry Nguyen and Shurlang Yen each received a Grover C. Hunter Scholarship of $1,000.

Senior Jeff Capes received the $1,000 OKU Scholarship in memory of Dr. Ralph McKinney, longtime chairman of the school's Department of Oral Pathology.

Senior Michael Wilson received the third annual Dorothy C. Hearn Memorial Scholarship Award of $1,000. Ms. Hearn was a third-year dental student who died in June 1990. The award was sponsored and presented by her parents, Dr. and Mrs. Carlton W. Hearn of Washington, Ga. The scholarship is given annually to a senior dental student selected by the senior class on the basis of professionalism, empathy and perseverance.

Mr. Wilson also received the $1,000 Eastern District Dental Society Scholarship. Senior Darlene Fields received the $300 J. Willis Walker Scholarship. Mr. Paschal received the $500 Georgia Dental Association Semon Eisenberg Award.

Juniors in the top 10 percent of their class were presented with an OKU certificate of achievement. Recipients were Charles Adams, Mr. Gale, Mr. Huthwaite, Ms. Mitchell, Mr. Patterson, James Ray, Ms. Rogers, Mr. Simmons and Mr. Taylor.

Dr. Thomas Zwemer, retired vice president for academic affairs at MCG, was the speaker for the assembly. He spoke on dental economics. ■

Dr. Hines Presented Citizenship Award

Glenn Hudson

Dr. Frank Hines Jr., interim chairman of the Department of Orthodontics at the Medical College of Georgia, was presented the 1992 Southern Association of Orthodontists Citizenship Award at its annual meeting in Lexington, Ky.

The award is presented to the orthodontist who exemplifies the dedication to community and high standards which bring credit to the profession.

Dr. Hines, who joined the MCG staff in 1973, has served as the president of the SAO as well as president of the South Carolina Dental Association.

He earned his bachelor of science degree from the University of South Carolina in 1949. He graduated from the Emory University School of Dentistry in 1951 and served with the U.S. Navy as a prosthetic dental officer from 1953 to 1955. He received his master of science degree from the University of North Carolina in 1957. Dr. Hines was in private practice until 1989 in Columbia, S.C. He is now in private practice in Lexington, S.C.

He has been active in the Boy Scouts of America, the Rotary Club, the United Way and the Cathwood Baptist Church in Columbia, S.C.. ■

3 Appointed to Dental Faculty

Glenn Hudson

The Medical College of Georgia School of Dentistry has appointed three new faculty members.

Dr. Bruce M. Beckham has been named assistant professor of endodontics. Dr. Beckham is a 1984 graduate of MCG and completed his postgraduate work in endodontics at MCG in 1992. He received his undergraduate degree in biology from the University of Georgia in 1980.

Dr. Beckham served in the U.S. Navy as a general dental officer from 1984 to 1987. He joined the selected reserve in 1988 and was promoted to lieutenant commander in 1991. He also was a general practitioner in Carrollton, Ga., from 1987 to 1990.

Dr. George V. Corbitt has been named assistant professor of orthodontics. Dr. Corbitt is a 1987 graduate of the MCG School of Dentistry. He completed his residency in orthodontics at the University of Connecticut Health Center School of Dental Medicine and the University of Connecticut Institute of Material Science. He earned his undergraduate degree in chemical engineering from the Georgia Institute of Technology in 1983.

Dr. Corbitt was a general dentist in Carrollton, Ga., from 1987 to 1989. Since then, he has completed the master's program for dental science at the University of Connecticut Health Center School of Dental Medicine.

Dr. William Frank Kimbrough has been named assistant professor of endodontics. Dr Kimbrough is a 1964 graduate of the University of Texas Dental Branch, Houston. He completed his residency in endodontics in 1973 at Fort Benning, Ga. He received his undergraduate degree in biology in 1960 from West Texas State University. He also holds a master's degree from George Washington University.

Dr. Kimbrough has been deputy commander and chief of endodontics, U.S. Army Dental Activity, and chief of the Cowan Dental Clinic at Fort Sill, Okla., since 1986. ■

3 Dental Students Elected to Association Posts

Three Medical College of Georgia dental school students have been elected to positions in the American Student Dental Association.

Tom Godfrey was elected national vice-president; Eric Wells was elected region 5 trustee; and Mike Long was appointed national insurance consultant.

Mr. Godfrey, a senior, will be responsible for membership and recruitment and retention as well as membership services.

Mr. Wells, a junior, will oversee ASDA chapters in Florida, Georgia, South Carolina, Alabama, Mississippi, Louisiana and Puerto Rico. He will coordinate membership drives and act as a liaison to the national ASDA.

Mr. Long, a sophomore, will act as a liaison to national legislators and inform the ASDA of changes or trends in the insurance industry that could affect the way students perform in the dental environment. ■

Dentistry Dinners Scheduled

The School of Dentistry and the school's alumni association will sponsor an alumni dinner Jan. 29 in Atlanta and Feb. 26 in the Columbus/LaGrange, Ga., region.

Dr. Tom McDonald will precede each dinner with a continuing-education program from 1 to 5 p.m. The course, titled "Restorative and Esthetic Dentistry for the '90s," is worth 3.5 hours of continuing-education credit.

Cocktails will be served at 6 p.m., followed by dinner at 7 p.m.

These dinners enable alumni to socialize and to discuss MCG events with the dean and alumni association president. Recent dinners also have been held in Marietta, Savannah and Macon, Ga.

For more information, contact Davin Welter, development officer, at (706) 721–3397. ■

School of Dentistry Alumni Association Officers, 1992–94

President
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(706) 860–2442

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Secretary/Treasurer
Dr. Phillip H. Miller
104 Kings Chapel Road
Augusta, GA 30907
(706) 860–2244

Plays Lay Groundwork for Ethics Discussion

Toni Baker

These people aren't real, but their stories could be.

Dr. Lowell M. Greenbaum, dean of the Medical College of Georgia School of Graduate Studies and vice president for research, wrote the following real-life scenarios because in today's competitive, aggressive research arena, he doesn't want MCG's graduate students starring in a situation they can't handle.

George is a Ph.D. candidate in his final year.

John Livingston is a faculty member and George's major advisor.

Florrie is a postdoctoral fellow also working in Dr. Livingston's laboratory.

And Dr. Livingston is excited.

"I think we've hit the jackpot," he tells George, referring to all the excitement George's research has generated and how he can't wait for the big presentation of that research the next week.

He looks ahead and sees more grant support.

George looks ahead and sees disaster.

For the past month he hasn't been able to duplicate some of the experiments his presentation is based on; in fact, some of his results have netted opposite findings.

George is worried, but has been unwilling to bring this up with Dr. Livingston. He finally mentions this to Florrie. "Hey, my name is on the abstract, too. Should I tell him?" she asks George.

George starts trying to rationalize.

A slightly different version of the story has George sitting on what he knows until after the big presentation.

It's then that the still-enthusiastic Dr. Livingston is congratulating him and mentions how a few people had tried to duplicate his findings just after the conference and hadn't been able to. He tells George he wants him to meet with those researchers and help them figure out what they are doing wrong.

That's when George decides he better talk to Dr. Livingston.

"A mistake, which may seem simple at first, can result in a significant problem for your future in academia, government, industry or wherever your position is," Dr. Greenbaum told students and faculty gathered for the Oct. 27 MCG Research Report seminar on ethical dilemmas in research. "Once one of our professionals gets a reputation of not being honest, it's very difficult to shed that particular role."

Dr. Greenbaum, who also teaches a class on scientific communication and ethics and who—as a research dean and vice president—must deal with issues of research misconduct in his profession, reasoned that these mini-plays would help MCG graduate students think about dealing with such scenarios before the fact. He attributed the idea to work he'd seen at the Massachusetts Institute of Technology.

During the hour-long forum, faculty and staff starred in the mini-plays and, later, a panel of discussants began the conversations about how the situations could have been best handled.

"The public has become rather cynical, I say this broadly, in that we are here to feather our nests, to get large grants and we don't care much about honesty when it comes to the need for publications, the need for grant support and for promotion and tenure," Dr. Greenbaum told the group.

The result is diminished research funding by state and federal lawmakers who have become concerned about those dollars, he said.

"The lack of public trust will directly affect our profession, your positions, your training, your promotion, your tenure in the future," he said. "I think the point that I would try to get through to the graduate student is you are a person, an individual, a professional and you have to watch your profession and take care of yourself.

"Florrie, she must make a decision here. She or the student has to go the professor. If you know something is wrong in research in your laboratory, you have to report it, to a dean, chairman, or, in this case, to a professor.

A second mini-play presented at the research forum has nursing professor Julie Fried discussing with her chairman, John Chafee, her horror at finding that a young faculty member in their department has

Dr. Lowell Greenbaum discusses ethics during Research Report Seminar.

put Julie's name on a publication she knew nothing about.

The dean thinks Julie is making a big deal. He's offering up an apology from the junior faculty member, saying she's just trying to thank Julie for her past support. Julie is saying the journal has to be told she was not a co-author.

"I don't see any reason to do that. Another publication can't hurt your CV and it could prove embarrassing to MCG to publish a retraction. Nobody will question you as a secondary author. Why not just let it alone? I will personally see that it doesn't happen again," John tells her.

Then it comes up that the publication probably helped secure some National Institutes of Health funding for the junior faculty member.

Again, Julie thinks the NIH has to be told.

Again, John says she's making a big deal.

"I've heard of similar situations," said real-life MCG nursing professor Joyceen S. Boyle, a discussant for the mini-plays. "It's hard to imagine that a student or anyone would put your name on an article and not let you know about it, but I've heard that it can happen. I would be furious, too. I thought the chairperson had a really rotten attitude. I guess if I were Julie, I would take matters into my own hands; I'd talk to someone else."

Dr. Biagio J. Vericella, dean of the MCG School of Allied Health Sciences and another discussant, agreed.

"I think before Julie left that meeting, she should have demanded that the chair handle it or (she should have) informed the chair that she was going to the dean," Dr. Vericella said.

Dr. Greenbaum agreed with his real-life co-workers.

"When your name is on a paper, you are responsible for that data." ■

7 Students Honored for Research

Christine Hurley Deriso

Seven graduate students at the Medical College of Georgia were honored recently for their research.

The students were among 27 who presented their research during MCG's annual Graduate Student Research Day held Nov. 6. The event provides a format for students to share ideas and for visitors, specifically undergraduate students interested in science, to learn more about the school. A panel of MCG faculty members judges the students' research.

David S. Feldman, a medical student and a graduate student in MCG's Department of Pharmacology and Toxicology, was awarded the Sigma Xi Science and Community Award. He is probing drug-induced elevations in blood pressure. His adviser is Dr. Jerry J. Buccafusco, professor of pharmacology and toxicology.

Su Wang, a graduate student in the Department of Cellular Biology and Anatomy, received the August Roesel Memorial Award, named for a former faculty member in the department. Mr. Wang, supervised by Dr. Margaret L. Kirby, is using animal models to study developing central nervous systems.

Winners of the Excellence in Research Awards were Baoen Jiang and Mary E. Redmond in the Department of Cellular Biology and Anatomy; Deborah A. Schulte, a nursing Ph.D. student; Xiaohong Yang in the Department of Pharmacology and Toxicology; and Yue Zhou in the Department of Physiology and Endocrinology.

Mr. Jiang's research, supervised by Dr. Ruth B. Caldwell, deals with vessels that supply blood to the retina. Ms. Redmond, supervised by Dr. Kirby, is studying fetal cells vital to cardiovascular development. Ms. Schulte, supervised by Dr. Lenette Burrell, is probing ways to decrease the anxiety level of patients in coronary-care units. Ms. Yang, supervised by Dr. Buccafusco, is studying nicotinic receptors, which play a vital role in memory. Ms. Zhou, supervised by Dr. Tom F. Ogle, is studying protein levels of hormones. ■

Grant to Fund Herpes Study

Glenn Hudson

Drs. Gretchen Caughman, Jill Lewis and Yeini Thompson of the Department of Oral Biology/Microbiology at the Medical College of Georgia have received more than $580,000 in funding through 1994 to study persistent herpes infections.

The study, funded by the National Institute of Allergy and Infectious Disease, focuses on the equine herpes virus type 1, a virus commonly found in horses. The researchers will evaluate the characteristics of the virus that make herpes virus infections so hard to eradicate. "(The study) will address basic molecular questions which will provide a foundation for further investigations," said Dr. Caughman. "It offers a fairly unique model for investigating these questions."

The EHV-1 virus was chosen because of its persistence and virulence. "It has been known to wipe out a year's worth of foals in stud farms," Dr. Caughman said.

Although research on the virus is very important to the veterinary profession, Dr. Caughman and her colleagues are concentrating on applications to people, who also are at risk for contracting the virus. ■

Pharmacology Students Honored for Research

Christine Hurley Deriso

Two Medical College of Georgia graduate students were honored recently for their research.

Xiohang Yang, a pharmacology student, won the first-place Greenbaum Student Research Award, sponsored by the Southeast Pharmacology Society. The society held its 13th annual meeting in Charleston, S.C., in September.

Ms. Yang is researching drugs that increase the number of nicotinic receptors in the brain. Nicotinic receptors are essential to memory; patients with Alzheimer's disease have an abnormally low number of the receptors. The drug nicotine can help increase the number but is toxic and has several side effects. Ms. Yang has found that a drug called methylcarbamylcholine can also increase the number of nicotinic receptors. Her faculty adviser is Dr. Jerry Buccafusco, MCG professor of pharmacology.

Melissa Baumgartner, also a pharmacology student, won honorable mention for her research, which deals with studying cells at different points of their maturation and comparing healthy and cancerous cells. Her faculty adviser is Dr. Robert Aronstam, MCG professor of pharmacology.

Some 40 graduate students from throughout the Southeast participated in the competition. The Greenbaum Student Research Awards are named in honor of Dr. Lowell M. Greenbaum, vice president for research and dean of the School of Graduate Studies at MCG. Dr. Greenbaum founded the Southeast Pharmacology Society in 1980. ■

Dr. Charles Wray

Dr. Eastwood Resigns; Dr. Wray Named Interim Dean

Toni Baker

Dr. Gregory L. Eastwood, dean of the Medical College of Georgia School of Medicine, has accepted a position as the fifth president of State University of New York Health Science Center at Syracuse.

Dr. Eastwood assumed his new duties Jan. 4 and left MCG in early December.

He began his duties at MCG Sept. 25, 1989. Dr. Charles H. Wray, professor and vice chairman of the MCG Department of Surgery, will serve as interim dean until a permanent dean is on board.

"I feel there have been a lot of changes in the last three years. I feel good about being a part of those changes," Dr. Eastwood said. He noted efforts at improving relationships with the school's students. "I think a typical student feels good about the school," said the dean, who has spearheaded curriculum changes and began a monthly forum called the Dean's Bullpen so students and faculty can mingle informally.

He noted efforts to enhance primary care and rural health care with programs such as the Office of Rural Health, charged with expanding and coordinating MCG's role in helping meet the health-care needs of Georgia's less populous areas, and telemedicine, a communications network that enables MCG doctors to examine patients hundreds of miles away.

"I think as an academic institution, as a university, we are supposed to create a broadening of a person. I think this is the classic example," said Dr. Francis J. Tedesco, MCG president, of Dr. Eastwood's new appointment. "I think Greg has been an outstanding dean. Through his development, through all the things going on at the institution, he's become much more global."

Dr. Eastwood succeeds Dr. John Bernard Henry, who stepped down from the Syracuse presidency Aug. 27 after nearly eight years. The Health Science Center at Syracuse is one of four comprehensive academic health centers in the State University of New York system.

Dr. Daniel W. Rahn, professor and vice chairman of the MCG Department of Medicine, will chair an 11-person search committee to recruit a new dean of the MCG School of Medicine.

Members of the committee, named by President Tedesco, are Richard L. Borison, chairman of the Department of Psychiatry and Health Behavior; Dr. Ruth B. Caldwell, associate professor of the Department of Anatomy; Dr. Robert S. Crumrine, chairman of the Department of Anesthesiology; Dr. Thomas R. Gadacz, chairman of the Department of Surgery.

Also, Nancy Hendrix, MCG junior medical student; Thomas Kelly Jr., associate hospital director; Dr. Frederick H. Leibach, chairman of the Department of Biochemistry and Molecular Biology; Dr. Chesley L. Richards, chief of the section of general internal medicine; Dr. Mason P. Thompson, assistant dean for student affairs, MCG School of Medicine; and Dr. Betty B. Wray, chief of the section of allergy-immunology. ■

Dr. Christopher Cates

Alumnus Directs Cardiology Seminar

Dr. Christopher U. Cates ('82) was the conference director of a cardiology seminar Sept. 24–26 in Lake Buena Vista, Fla.

The Strategies for Success Cardiology Conference served as both an educational tool for participants and as a national forum to address the future of cardiology, according to Dr. Cates, a member of Atlanta Cardiology Group, P.C.

Topics included new technology in angioplasty; restructuring cardiovascular services into a heart institute; developing a managed-care strategy; and future trends in interventional cardiology.

The conference was sponsored by SCIMED Life Systems Inc. of Maple Grove, Minn. SCIMED develops, manufactures and markets disposable medical devices for interventional treatment of cardiovascular disease.

Dr. Cates, a summa cum laude graduate of The Citadel, completed an internship, residency and angioplasty fellowship at Vanderbilt University after graduating from the Medical College of Georgia. He is the principal investigator of several new investigational devices in the Atlanta Cardiology Group, including a new type of balloon angioplasty guidewire. ■

From the Alumni Association President

Charles H. Wray, M.D.
President, School of Medicine Alumni Association

I want to thank each of you who have contributed time and effort to make the Alumni Association activities successful. Our enthusiasm makes serving as an officer a pleasant task.

Some have asked questions that suggest there is confusion about the role of the School of Medicine Alumni Association and the Medical College of Georgia Foundation. I will attempt to explain the role of the Alumni Association.

Each of MCG's five schools has separate alumni associations. Although it has existed for many years as a support arm for the school, the School of Medical Alumni Association was incorporated in November 1980 with a separate board of directors. The board meets quarterly, in Macon in February, in Atlanta in

November, in Athens in September and in May in Augusta in conjunction with MCG's homecoming celebration. An additional planning meeting is held in August.

Eligible members of the School of Medicine Alumni Association are graduates of the School of Medicine, physicians who have completed one or more years in the residency and fellowship programs and the school's physician faculty. Active members pay annual dues of $50 and lifetime members contribute $1,000 once to the association.The lifetime membership was created to support scholarships for relatives of graduates of the school. Now, some merit scholarships are awarded also. The directors have recognized the need for scholarships for the school to attract and maintain good students. This activity represents about a third of the operating budget of the association. This year, the association will fund $44,000 in scholarships.

The association attempts to promote the good of the School of Medicine by communications with alumni, regional meetings and reunions.

Each alumnus can assist by encouraging applicants to the School of Medicine and by speaking well of the school to the public, officials and media.

I hope this brief discussion suffices to distinguish the School of Medicine Alumni Association from the Medical College of Georgia Foundation, a separate organization that functions as a financial repository for funds contributed to MCG. I hope each of you will consider making a contribution to the foundation annually, in addition to your support of the School of Medicine Alumni Association.

Please feel free to contact me if you wish to participate more actively in School of Medicine Alumni Association functions. If you wish to attend a board meeting, contact Tammy Berry, (706) 721–4416, for details. ■

Grant to Address Shortage of General Physicians

Christine Hurley Deriso

The Medical College of Georgia School of Medicine has been awarded one of 18 planning grants by the Robert Wood Johnson Foundation to address the shortage of general physicians in the United States.

Eighty-three U.S. medical schools applied for the grants, 24 of which were site-visited by the foundation this summer. Of those 24, MCG was one of 18 to secure a $150,000 Generalist Physician Initiative Grant, which will be matched by MCG funds. The foundation will evaluate those 18 schools in spring 1994, then award $2.5 million implementation grants to the 12 schools that show the most progress toward encouraging students to enter general practices. Generalists are defined as general physicians, general pediatricians and general internal medicine physicians.

The foundation's program is a response to the trend of U.S. physicians to specialize and subspecialize, creating a dearth of generalists. "There's a great concern in this country that we don't have enough general physicians. We might have enough physicians overall, but they seem to be maldistributed both geographically (clustering in urban areas) and by specialty," said Dr. Gregory L. Eastwood, dean of the Medical College of Georgia School of Medicine.

Generalists account for a third of U.S. physicians, a figure expected to decrease to 25 percent by the turn of the century, according to Dr. Daniel Rahn, professor and vice chairman of the MCG Department of Medicine. But health-care needs indicate that generalists should comprise 50 percent of all physicians, Dr. Rahn said, addressing MCG's President's Advisory Council at its Oct. 2 meeting.

The United States spent $750 billion on health care this year—$3,000 per person. But despite the huge expenditure, scores of U.S. citizens still receive inadequate health care, Dr. Rahn said. The trend of physicians to specialize and subspecialize is driving up costs and resulting in a shortage of generalists, especially in rural areas, he said. "Regardless of the funding source, the system is going to fail unless we have the right doctors with the right job description in the right places."

Several factors discourage students from becoming generalists, Dr. Rahn said, including perceived lack of prestige; noncompetitive salary, including reimbursement inequities from third-party providers; and a sense of isolation in rural areas. "What's discouraging them is not the practice of medicine; it's the hassle factor. They're losing control over their own practice, of their own job description" because of the red tape associated with third-party providers, he said.

But MCG is well ahead of the game in addressing the problem, said MCG President Francis J. Tedesco, including its implementation of the world's most sophisticated telemedicine system. The long-distance means of examining patients via an interactive telecommunications system helps alleviate rural physicians' sense of isolation by providing ready access to MCG specialists, Dr. Tedesco said.

Of the first 90 patients treated long-distance via MCG's telemedicine system, only 10 went on to be treated at referral centers, Dr. Tedesco told the President's Advisory Council. Had it not been for telemedicine, all 90 would have had to travel to such centers for care. "This system allows these patients to get a high level of care while remaining in their community," he said. "This technology is going to revolutionize how we practice medicine, and Georgia is going to take the leadership role."

"We have a history of being concerned in providing primary-care physicians," Dr. Eastwood said. "But we could do better. And we will. We have such a strong commitment here among the faculty that there's no doubt in my mind (we will receive an implementation grant)."

The medical school will focus on areas such as recruitment, aiming to identify students likely to pursue general practices; curriculum, trying to broaden students' exposure to generalists; and collaborative relationships with state agencies to help address the prestige factor and the salary inequities of generalists. ■

Alumnus, Professor Named to Insurance Committees

An alumnus of the Medical College of Georgia and an MCG faculty member have been named to committees of the MAG Mutual Insurance Company.

MAG Mutual, exclusively endorsed by the Medical Association of Georgia, is the state's largest medical professional liability insurer.

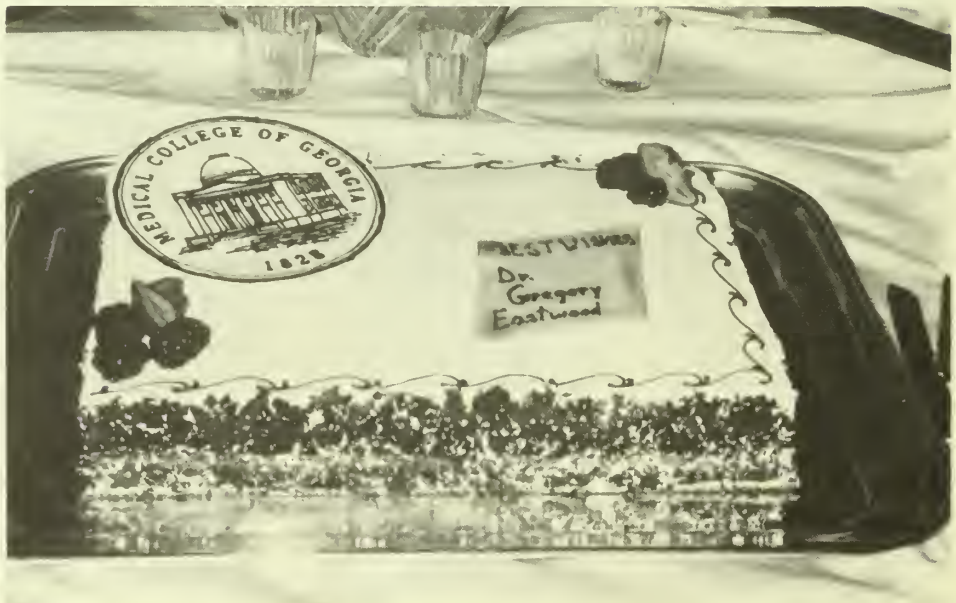
Dr. E. Daniel DeLoach, an MCG graduate and a plastic surgeon in Savannah, Ga., has been named to the claims committee. Dr. DeLoach is certified by the American Board of Surgery and the American Board of Plastic and Reconstructive Surgery. He is a founding member of the Georgia Southeastern Cleft Lip and Palate Clinic and the

Provident Health Foundation. He is a fellow of the American College of Surgeons and the International College of Surgeons.

Dr. Joseph W. Griffin, professor of medicine in the Section of Gastroenterology at MCG, has been named to the underwriting committee. Dr. Griffin completed a medical residency at MCG and is certified by the American Board of Internal Medicine and its subspecialty of gastroenterology. He is past president of the Georgia Gastroenterologic Society and the Richmond County Medical Society. He is a member of the American Medical Association, Southern Medical Association, American College of Physicians, American Society for Gastrointestinal Endoscopy, American Gastroenterology Association and the Medical Association of Georgia. ■

Alice and Walter Brown at the MCG Alumni Reception in Atlanta on Nov. 20.

MCG School of Medicine Alumni Association presented "Best Wishes" cake and resolution to Dr. Gregory Eastwood at MCG Alumni Reception in Atlanta on Nov. 20.



Dr. Hobbs Named Associate Dean for Primary Care

Toni Baker

Dr. Joseph Hobbs ('74), associate professor in the Medical College of Georgia Department of Family Medicine, has been appointed to the newly created position of associate dean for primary care at the MCG School of Medicine.

The new position reflects the School of Medicine's renewed emphasis on educating primary-care physicians—family medicine physicians, internal medicine physicians and general pediatricians, said Dr. Gregory L. Eastwood, medicine dean.

Dr. Hobbs will coordinate major primary-care initiatives within the school, including developing a statewide application for funds from the Area Health Education Center, a federal group which supports the education of health-care professionals.

Dr. Hobbs will work with the Robert Wood Johnson Foundation Generalist Physician Initiative, a grant awarded to MCG in November by the nation's largest health-care philanthropy aimed at increasing the number of physicians in primary care. He will help coordinate off-campus rotations for MCG medical students and residents involved in these primary-care programs. For example, The Generalist Physician Initiative will enable students and residents to work alongside physicians in community practice, which Dr. Hobbs will help coordinate.

He joined the MCG faculty in 1977 and within the MCG Department of Family Medicine has worked extensively with students, including serving as director of student educational programs and director of family medicine clerkships for third-year medical students.

Dr. Hobbs has worked with developing curriculum for family-medicine residents as well as promoting and evaluating the residents.

He is on the Student Education Advisory Committee of the Joint Board of Family Practice, chairman of the Family Medicine Student Interest Group Advisory Committee of the Georgia Academy of Family Physicians and chairman of the academy's Committee on Family Medicine Student Interest Groups. ■

From the Alumni Association President

Diane Hilson

The MCG School of Nursing Alumni Association has had a very active fall. We have been very busy with our anniversary celebration plans and have already held several important events.

First, the alumni association sponsored a luncheon Oct. 15 during the Georgia Nurses Association convention in Columbus. Twenty-seven alumni viewed the anniversary historical videotape commemorating the School of Nursing's 50 years as they enjoyed lunch and each other's company.

Then, on Oct. 22, in honor of the school's 50th birthday, the alumni association hosted a high tea in the Alumni Center ballroom. During this function, the School of Nursing displayed and sold anniversary memorabilia. Also, the historical videotape was played continuously on several monitors located throughout the ballroom. Many alumni, department chairpersons and faculty enjoyed this most pleasant affair. For many alumni, it was fun to reminisce about the "old" days.

The MCG School of Nursing memorabilia was designed by the faculty and consists of lapel pins, paperweights, T-shirts, sweatshirts and cups. These items and videotapes are available exclusively through the School of Nursing. Please contact Beth Jones at (706) 721–3771 for information.

Our third, highly successfully event was a group of phonathons held Oct. 26, 27 and 28. Under the coordination of Donna Fair and with your generous support, students, alumni and faculty raised more than $18,000! This amount almost doubles the funds raised last year! In addition to providing student scholarships and student and faculty travel, these funds are used for equipment, special events and emergencies.

While the phonathons usually seek donations for research purposes, the George Stoney Scholarship fund or the dean's discretionary fund, this year an additional scholarship was added. We are honored to announce the establishment of this new scholarship, provided from an endowment fund in memory of Marilyn Chew Lunn (BSN '75). This research scholarship is available to MCG alumni, students or faculty whose research focus is related to oncology. Anyone wishing to contribute may contact Davin Welter at (706) 721–3397.

Nov. 4, we hosted the first of two student specialty seminars. During the "Lunch and Learn" hour, junior and senior students heard presentations about nurses in advanced-practice roles. Presenting at this seminar were MCG alumnus Barb DeBenham, nurse educator Ginger Marshall, clinical nurse specialist Rose Robertson and nurse anesthetist and School of Nursing supporter Brad Littleton. These four nurses shared excellent information.

As you see, the alumni association board members have been extremely busy. We are planning regional dinners in the Savannah/Brunswick and Valdosta/Albany areas in February and March. The second student seminar is scheduled Feb. 4.

The school's birthday celebration will culminate with homecoming April 30. Homecoming will be held at the Augusta Riverfront Radisson and promises to be a wonderful evening. We want to invite all alumni to join the alumni association and to participate in this celebration event. However, many alumni have become lost to us over the years.

While reviewing lists naming all BSN and MSN graduates, I realized many people known to me were not listed. In addition, many alumni did not receive an invitation to our tea because their name and/or address was not current. Please help us! Update your file by calling Davin Welter at (706) 721–3397 or 1–800–869–1113. In addition, please inform friends and former classmates to update their files. Even if you choose not to become an alumni association member (dues are only $20 annually!), we would at least be able to keep you informed of our activities, especially homecoming.

It would be wonderful to have a really large group for homecoming this year (and every year.) I look forward to seeing all of you there! ■

Nursing Program Broadens Support for Rural Georgians

Christine Hurley Deriso

The Medical College of Georgia School of Nursing has implemented a health clinic for students of Wadley, Ga's Carver Elementary School as one of several new initiatives of a program aimed at improving health care for rural Georgians.

The Rural Health Outreach Program was begun in 1988, funded by a grant from the W. K. Kellogg Foundation of Battle Creek, Mich., to help improve health care in Jefferson County, the fifth most economically disadvantaged county in Georgia.

The program's services —which have included health fairs, prenatal home visits and school lectures—have envolved in response to community needs and input, said Dr. Nancy Williamson, director to the program. The county suggested programs which its own residents could continue once implemented, and the new initiatives respond to that need, Dr. Williamson said.

"Our approach is, 'You tell us what you need,'" she said. "I want to establish programs that can be self-sustained and become entrenched as part of the community."

The school health clinic for Carver Elementary School began Nov. 2 with a nurse providing health services at an on-site mobile unit provided by the Rural Health Outreach Program. Health services are available five days a week during school hours. All Carver Elementary schoolchildren receive a physical, and those with health problems are referred to a physician of the parents' choice. A Jefferson County physician advises and consults with the nurse.

The grant will fund the nurse's salary for the 1992–93 school year. If the effort succeeds, the nurse then will become an employee of the school system. More than 90 percent of the school's pupils are eligible for Medicaid reimbursement, and Dr. Williamson will help set up a billing system to ensure that the school can continue the clinic without undue budget strain when the Rural Health Outreach Program ceases funding it.

The clinic will be the only source of health care for many of the children served, Dr. Williamson said. "I really think school-based health clinics are the wave of the future."

Also in November, Dr. Williamson and her staff will open a Family Health Center in the

county to provide ongoing support for expectant mothers. The grant will fund the salaries of a registered nurse, social worker and paraprofessional who will provide services such as home visits, examinations, and classes dealing with subjects such as parenting, childbirth and nutrition. The staff will meet with the mothers after giving birth and visit them periodically for a year to assess and help meet their needs.

The Rural Health Outreach Program in January will help the county's Jefferson Hospital open an on-site clinic to provide a prenatal clinic staffed by a nurse practitioner. The nurse's salary will be funded by a portion of MCG's Indigent Care Trust Fund. Dr. Williamson and the hospital administration are working closely on the clinic and hope eventually to provide a midwife to deliver babies of low-risk mothers in Jefferson Hospital without having to transport them to MCG.

Dr. Williamson also has appointed liaisons in impoverished Jefferson County neighborhoods to help keep the staff abreast of pregnancies and other health needs within the area. "There's always somebody in every neighborhood who knows everybody. They're the ones we've targeted to help keep us informed." ■

Training Project will Bolster AIDS Resources

Christine Hurley Deriso

A Medical College of Georgia alumnus will oversee a project to train nurses in rural areas to provide primary care for AIDS patients.

Dr. Richard Sowell, a 1990 graduate of MCG's nursing doctoral program, is project coordinator for a $569,000 grant to supplement heath care for rural AIDS patients. Dr. Sowell is director of Health and Social Services for AID Atlanta Inc., a community-based organization in Atlanta that meets the needs of AIDS patients. The grant, funded by the U.S. Department of Health and Human Services Division of Nursing, will train 150 nurses—many of them nurse practitioners in Georgia public health clinics—to treat HIV-positive patients.

The three-year grant will offer six-week teaching sessions throughout Georgia. "We will present the information to nurses on site so they don't have to leave their areas," Dr. Sowell said. The sessions will be followed by three- to four-week internships at AIDS clinics. MCG will participate in the training and Dr. Barbara Fuszard, professor of nursing administration at MCG, helped develop the program.

Currently, rural AIDS patients often have to travel long distances to obtain treatment because of inadequate resources in their communities.

"I've had patients tell me they get on a bus at 3 a.m. to get to (MCG's) clinic, and they get home at midnight," she said.

She anticipates that by teaching nurse practitioners throughout the state to deliver much of the care offered at AIDS clinics, patients will be relieved of the transportation burden. Nurse practitioners have advance training in nursing but generally have little training or experience with AIDS, she said.

The courses will teach subjects such as AIDS symptoms and epidemiology.

The grant also will fund annual AIDS update classes for physicians who work with the nurse practitioners, and Dr. Sowell will establish regional networks to pool resources. "We want to network so health-care professionals feel comfortable talking to their colleagues," he said. "We are looking forward to the collaboration."

The project won't alleviate the need for AIDS clinics but should help address the shortage of health-care providers in rural areas of the state. "There will be some things that will always be done at an AIDS clinics," Dr. Fuszard said. ■

Nurses to Probe Effect of AIDS on Families

Christine Hurley Deriso

The Medical College of Georgia School of Nursing is part of a multi-institutional effort to study how families touched by AIDS cope with their stress.

The Centers for Disease Control has provided approximately $850,000 to nurse researchers from MCG, Georgia State University, Emory University and AID Atlanta Inc.—a community-based organization in Atlanta that meets the needs of AIDS patients—to study the subject. AID Atlanta will house the grant.

"This is one of the CDC's first forays into the psychosocial aspects of AIDS," said Dr. Leland Cohen, assistant professor of nursing administration at MCG and co-principal investigator of the grant. Other researchers are Dr. Richard Sowell, director of health and social services for AID Atlanta; Dr. Alice Demi of Georgia State University; and Dr. Linda Moneyham of Emory University.

Researchers will study 200 families throughout Georgia who have a relative with the AIDS virus. The AIDS patients and at least one family member will be interviewed and asked to fill out questionnaires about their experience. Questions will include all aspects of coping with the disease, including those addressing the social stigma of AIDS.

"We'll ask who they told and how they told them," Dr. Cohen said. "We know there are cases in which the greatest fear is not of the disease itself but of community rejection. Some people go to great lengths to hide it to escape the stigma. The prejudice out there is very strong."

Most interviews will take place at HIV clinics; researchers also will make home visits as needed. The format should enable researchers to establish rapport with the participants.

"The interviews will be face to face. It's important to be able to gauge the nuances that don't come across on a questionnaire," Dr. Cohen said.

Participants will represent a demographic cross section—black, white, urban and rural, he said. "Women and heterosexuals are among the fastest-growing group of new AIDS patients," Dr. Cohen said. "There may be some very real differences in the needs of these groups and their families.

The interviews will be repeated at six-, 12- and 18-month intervals. Dr. Cohen hopes the results will shed light on how to tend to the emotional needs of those with the AIDS virus and their families. ■

Dr. Cohen Named President-Elect

Dr. Leland Cohen, assistant professor of nursing administration at the Medical College of Georgia, has been named president-elect of the American Assembly for Men in Nursing.

He will begin his two-year term during the association's annual meeting in Atlanta Dec. 3–5.

The association has some 700 members nationwide. Its goals are to encourage men to enter the nursing profession and to help them advance professionally. ■

Dean Establishes Scholarship Fund

Christine Hurley Deriso

The dean of the Medical College of Georgia School of Nursing and her husband have established a scholarship fund for nursing students.

The Drs. Vickie A. and Clinton E. Lambert Nursing Scholarship Fund commemorates the school's 50th anniversary. The school was established in 1943. Dr. Vickie A. Lambert is dean of the school. Her husband, Dr. Clinton E. Lambert, is a mental-health nurse in private practice in Thomson, Ga.

The award will be given annually to a Ph.D. nursing student who demonstrates excellence in scholarly written work. A check for $500 will be awarded to the recipient during the school's honors convocation held each spring. The first recipient will be awarded during the spring 1993 honors convocation.

Applicants must submit a scholarly written work to the school by April 15. The works, which must be submitted for publication or published while the applicant is a Ph.D. nursing student, will be judged on clarity, originality and contribution to nursing knowledge. Representatives of MCG's School of Nursing will judge the entries.

For more information or to submit an application, contact Dr. Virginia Kemp, associate dean for graduate programs and research in the School of Nursing, at (706) 721–4710. ■

The School of Nursing hosted a tea Oct. 22 for faculty, students and alumni in celebration of its 50th anniversary.

Nursing school alumnus and former faculty member Dr. Joyce Billue gave a speech to school faculty, students and alumni Oct. 23 entitled, "Now That I'm 50, Do I Still Want to be a Nurse?" The speech commemorated the school's 50th anniversary.

Class notes... *cont. from page 8*

Lori A. Mashburn Nobles (medical record administration, '87), Augusta, works in health information administration-medical computer development, education and training at the Westinghouse-Savannah River Company. She also is past president of the Augusta Area Health Information Management Association and married Raymond "Hugh" Nobles Jr. June 10, 1989.

Ruth Grantham (occupational therapy, '90), Gainesville, Ga., is a rehabilitation therapist at the Northeast Georgia Medical Center in Gainesville. She married Michael Holloway Aug. 8, 1992.

School of Graduate Studies

Dr. Mary L. Rosser finished third in the Eighth Annual Medical Student Research Day at the Bowman Gray School of Medicine, where she is a second-year medical student. Her project was titled "Renal Clearance and Plasma Metabolism of Riboflavin in Preterm Infants."

School of Medicine

Dr. Donald E. Baxter, Houston, has been elected to the American Orthopaedic Foot and Ankle Society Board of Directors.

Dr. Samuel M. Goodrich, Milledgeville, Ga., secretary of the Southern Medical Association's gynecology section, arranged a scientific program for the section's annual meeting Nov. 12–15 in San Antonio.

Dr. Charles I. Hancock, Atlanta, was recently named a member of the American College of Physician Executives, the nation's only educational and professional organization for physicians in medical management. Dr. Hancock is vice president of medical affairs for Georgia Baptist Medical Center. He and wife Martha have four children.

Dr. John S. Ravita, Columbia, S.C., is medical director of the newly opened Radiation Oncology Center at the Lexington Medical Center in West Columbia.

Dr. William Silver, a head, neck and facial plastic surgeon in Atlanta, was guest editor of Facial Plastic Surgery, the July 1992 issue, titled Facial Implants, published by Thieme Medical Publishers Inc. Included in that issue is an editorial on "Injectable Silicone: Previous Use and Current Status" and a separate article on cosmetic malar augmentation (cheekbone implants) written by Dr. Silver.

Dr. Charles D. Ray ('56), Institute for Low Back Care, Minneapolis, married Dr. Nancy Melton in Newport News, Va., June 19. The Rays then went to London, where they were guests at a session of the English House of Lords. Next, they went to Aalborg, Denmark, where Dr. Ray was a keynote speaker for the first Inter-European Congress on Low Back Pain. He then presided in Boston over the annual meeting of the nearly 1,000-member North American Spine Society as president and chairman of the board. They recently were guests of the Fondacion Banco Bilboa y Viscaya distinguished panel encounter on "Facing the Global Challenges of the New Millenium," the first of several debates among international authorities to be held in Spain, Portugal and France. Dr. Ray, a board-certified neurosurgeon and certified clinical engineer, presented arguments regarding the advances in and controversial side of emerging medical technology as applied to world health problems.

Dr. Nyda Williams Brown ('63), Atlanta, is director of New Choices, a program for women at Brawnes Hospital in Smyrna, Ga. She was a guest on the Geraldo Rivera show Sept. 23, 1992, for an expert discussion of premenstrual syndrome.

Dr. Isaac Goodrich ('64), Woodbridge, Conn., was appointed chief of neurosurgery at the Hospital of St. Raphael in New Haven, Conn., in 1991 and associate chief of neurosurgery at Yale-New Haven Hospital in 1990.

Dr. Theodora Vanderzalm ('67), Little Rock, Ark., is a pediatric radiologist at the Arkansas Children's Hospital. She joined the radiology faculty at the University of Arkansas for Medical Sciences in April 1992.

Dr. Randy Smith ('70), a plastic surgeon in Augusta, was appointed to the Richmond County Hospital Authority and was a volunteer surgeon in Nigeria, West Africa, in August 1992.

Dr. Christopher U. Cates ('82), Atlanta, was a course co-director at the Atlanta Cardiology Group Mini-Fellowship on Complex Cardiovascular Interventions" Oct. 15–18 in Bermuda. The course, sponsored by the Atlanta Cardiology Foundation and Saint Joseph's Hospital of Atlanta, taught "recognition" and "management" skills related to various complex cases which can occur in interventional cardiology.

Dr. F. Stuart Sanders ('82), Clarkesville, Ga., has been recognized by the Heart Patient of the Year Awards Program for his innovative cardiovascular disease prevention practice. He will receive a grant from SmithKline Beecham Consumer Brands to further his efforts.

Dr. William D. Curtis ('86), Evans, Ga., practices GI and is on the faculty of the VA and MCG hospitals.

Drs. Adam Goldstein ('87) ***and Beth Goldstein*** ('86) recently wrote a book titled "Practical Dermatology" published by Mosby-Yearbook Medical Publishing Co. Their son, Jared, was born Feb. 11, 1991.

Dr. James Raymond Bauerband ('88), Gainesville, Ga., is in private OB/GYN practice after a residency at Georgia Baptist Medical Center in Atlanta. Wife Kay is working on her master's in nursing at MCG's SONAT.

Dr. Ronald T. Stephens ('90), Germantown, Md., is a physical medicine and rehabilitation resident at Walter Reed Army Medical Center in Washington, D.C.

School of Nursing

June Hansen Larrabee (BSN, '68), Germantown, Tenn., earned a Ph.D. in nursing at the University of Tennessee, Memphis. She was the first such graduate in Tennessee.

Robert Dwens (BSN, '75), Martinez, Ga., is nurse manager of the VA Substance Abuse Unit and is married to Sandra Jones.

Anne Turner-Henson ('76) completed and received a DSN in June from UAB and is an assistant professor at the university. She and husband Robert Henson IV have five children: Robert, 17; Laurel, 15; Leslie, 5; and twins Walter and Crawford, 3. ■

AlumNews

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Alumni! Let us know what's new with you by taking a moment to fill out this form. Also, please send us your curriculum vitae so we can keep your files up-to-date.

Today's date

Name

Phone

School graduated from

Degree Class year

Street address

City State Zip

❑ Check if new address

Present specialty and place of practice or training

Professional news (attach additional page if needed)

Personal news (b&w photos welcome)

Please send to: Christine Deriso; Alumni Center FI-100; Medical College of Georgia; Augusta, GA 30912

Milton Sanchez, Miami Children's Hospital

A Port in the Storm

Homestead.

Dr. Saundra Turner realized that the cruel irony of the name had been noted long before she rolled into town, but nothing could have prepared her for the shock of what lay before her eyes. Homestead on this September day was home to nothing but misery.

Dr. Turner, an assistant professor of community nursing at the Medical College of Georgia, has seen her share of natural disasters. She actually endured a couple of hurricanes in her home state of Delaware, and she pitched in to help South Carolinians dig out of the devastation of Hurricane Hugo. She taught an elective course in disaster relief to nursing students after that experience.

So she thought she could face the wreckage of Hurricane Andrew, which barreled through south Florida in August 1992, with a reasonable degree of equanimity. She didn't think twice about rounding up interested nursing students at MCG and driving to Homestead, Fla., one of the worst-hit sites, a few weeks after the hurricane.

But her emotions betrayed her as the enormity of the devastation revealed itself."It was terrible. It was like a bomb had gone off," Dr. Turner said.

The closer she and her students got to town as they wound their way through Florida, the bleaker the sights. Flattened homes were as common as the once-abundant palm trees of the area, which now lay uprooted like felled soldiers.

"It was just row after row after row of homes destroyed," said Georgia Tucker, a senior in the School of Nursing and one of four students to accompany Dr. Turner.

"As we were entering the area, we thought, 'Is this a joke?' There was nothing," said Debra Whitley, another senior nursing student who volunteered for the trip. "As we got closer, it was obvious how bad it was. It was awful. It's something I won't ever forget."

Traffic lights and power lines either dangled uselessly or were blown entirely away. An eery stillness permeated the air. The streets the MCG group passed would normally be bustling with activity as people tended to their business and lived their lives. But nothing was normal now, and no one was tending to any business other than trying to survive and help their

neighbors do likewise. The MCG group was speechless.

But they had work to do. And they wasted no time in getting started.

Dr. Turner had contacted a pediatric nurse practitioner in Homestead before arriving who would arrange for their accommodations and direct their relief efforts.

"I wouldn't go without a contact person," Dr. Turner said. "So many (volunteers) just mill around and don't get anything accomplished. You have to work within whatever structure there is."

The nurse practitioner directed the MCG group to a partially intact Homestead church, their home for their four-day stay. Several other relief groups also were housed there. All shared two showers. A generator provided electricity the first day, then broke down. From that point on, the volunteers had no electricity and no hot water. Daytime temperatures hovered near 100 degrees, and a steady rain fell. Insects were rampant.

"One of the volunteers forgot to use insect repellant, and she was bitten from head to toe," Ms. Whitley said.

"The children would run away when asked about the storm. They wouldn't talk about it."

The water was undrinkable, and the volunteers relied on bottled water. The only food available was that they had brought along. Nighttime was pitch black; street lights were inoperable.

"We got used to keeping flashlights with us," Dr. Turner said. National guardsmen roamed the streets and kept watch.

But the volunteers had little time to ponder their lack of creature comforts. They worked virtually around the clock.

The first two days were spent at Florida City Elementary School. A local driver led the way; street signs and landmarks were non-existent. All local immunization records had been destroyed, so schoolchildren needed to be re-immunized. The group also immunized children at the Homestead health department. The student volunteers concurred that the experience was invaluable.

Dr. Turner and the other professional volunteers supervised all the nursing students' activities. The MCG volunteers took advantage of their time with the children to make a human connection. They gingerly asked about their experiences.

"The children would run away when asked about the storm. They wouldn't talk about it."

Dr. Saundra Turner (foreground) looks through supplies in makeshift pharmacy.

Nobody pressed. Instead, they tried to make the children smile in between giving shots. One student played her guitar as they sang along. After two days, some 200 children were immunized.

When their school duty was complete at the end of the day, they reported back to the church where they helped staff a makeshift emergency clinic. The clinic operated 24 hours a day, so sleep was rare for the volunteers. One night, three emergencies kept them up all night. A mother brought her feverish baby in. A man hobbled in after injuring his knee while repairing his demolished house. Anxious relatives escorted in the third patient, an elderly woman who had endured the storm stoically but was suddenly hysterical. The family was leaving the only home she had ever known. Nothing was left, so they would simply walk away, move north and try to build a new life. The woman was inconsolably heartbroken at the prospect.

The volunteers also spent their time babysitting at a day-care center and providing medical services for the town's thousands of Haitians. They were equipped with medical supplies donated by Augustans.

The work seemed endless and the emotional toll was heavy. "A lot of people would tell us how they'd weathered the storm, how the whole house had come down around them," Dr. Turner said. "They were moving on, but it gets tiresome to be cooped up in a small place. We were starting to hear about more violence toward the end of the week."

"One woman told me she and her family had huddled together in the bathroom during the storm," Ms. Tucker said. "When it was over, they came out and nothing was left but the bathroom."

As the volunteers gathered back at the church after a particularly grueling day, they all realized they'd had nothing to eat since they had set out that morning. They chuckled at themselves and sat in the dark eating peanut butter sandwiches, sharing anecdotes about their day. "We would sit outside every night and talk about the day," Dr. Turner said.

Their four days seemed more like a hundred, but as they packed up to leave, they wished they could stay longer. So much work was left to be done. "Once you're here, you see how much a little bit helps," Dr. Turner said.

"They just wanted a hand and someone to listen to them," Ms. Whitley said. "So many didn't even know where to turn."

Dr. Turner immediately began planning a return trip in December. They couldn't wait to reconnect with the people they'd met. "It was really amazing," Dr. Turner said. "When I was in Charleston (after Hurricane Hugo), people were angry. These people were so very appreciative. They would come back just to thank us."

"Once you're here, you see how much a little bit helps."

And although she has had extensive disaster training, the trip to Homestead offered a once-in-a-lifetime educational experience. "The textbooks give scenarios that presume so many resources are going to be left intact. Nothing was intact in Homestead. Actually going to the sites and seeing what people go through...I think it changes people for the rest of their lives." ■

—CHRISTINE HURLEY DERISO

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For the Sake of the Children

When Judson Hawk was 14, an accident that lasted only a split second helped him decide what he wanted to do with his life.

"My sister, who is just 18 months older than me, and I were involved in an automobile accident. I escaped with just some scratches, but at 16, she became a quadriplegic. I remember the doctors at the hospital telling my parents to take her home to die, that there was nothing they could do for her. I decided then that I wanted to become a doctor, to help improve my sister's life and others like her."

And he wanted to work with children. As a junior and senior medical student at the Medical College of Georgia, he served as a pediatric extern with Dr. Harry O'Rear, then chairman of pediatrics. (Dr. O'Rear later was dean of the School of Medicine and president of MCG). Dr. Hawk graduated from MCG in 1952; after completing a pediatrics residency in Philadelphia and a six-month pediatric fellowship at MCG, he returned to Atlanta, his hometown, to begin a practice.

Dr. Hawk has spent his career working to improve the health and lives of all the children he comes in contact with.

"I realized many years ago, when I became involved with the Georgia chapter of the American Academy of Pediatrics, that many children don't receive their medical care from the traditional pediatrician," he said. "Their care, if they get it, comes from the public system of medical care. And I saw that access to this system was, and is, a serious problem." He later served as president of the Georgia chapter.

"You know, we entitle children to an education, but we know that they have to be healthy if they are going to learn, to succeed," he said. "And right now, we don't entitle children to be healthy, not all children. We have the best medical system in the world, once you get sick, but it's much better, and more cost-effective, to help keep children healthy. A healthy child has a much better chance to reach his or her full potential, and it's a chance to break the cycle of poverty."

In the 1970s, he and one of his mentors, Dr. Wood Lovell, then director of Scottish Rite Hospital for Crippled Children, helped develop the hospital from an indigent hospital for orthopedic treatment into the current Scottish Rite Children's Medical Center in Atlanta, a full-service children's hospital. Dr. Hawk is senior vice president and medical advisor for the Scottish Rite Children's Medical Center Foundation.

His reputation as a staunch advocate for children made him come immediately to mind when former U.S. President Jimmy Carter formed The Atlanta Project in 1991. He named Dr. Hawk senior advisor for children's issues. Dr. Hawk is on loan to the project full-time from Scottish Rite.

"Children have been a passion of mine my entire career," he said. "I was very honored when Mr. Carter asked me to serve with the project, and I was equally honored when Scottish Rite Children's Medical Center agreed to loan me full time for three years. And luckily, my wife and my four children have been very supportive of my latest 'extracurricular activity.'

"After I looked at the plan Mr. Carter has developed, and now that I've met with other people involved in the project, I really do believe that The Atlanta Project is the hope for children, not only in Atlanta, but also in Georgia and even in our country," he said.

The Atlanta Project is an effort initiated by Mr. Carter and the Carter Center to address many problems associated with poverty, including education, dysfunctional families, unemployment, housing, health care, teen-age pregnancy, drug abuse and crime in 20 poverty-stricken Atlanta neighborhoods. The program, according to Mr. Carter, is not designed to replace those programs that already are helping, but to find a more efficient way to use those funds and to create a method to bring volunteers into the neighborhoods to work in areas the communities themselves decide they want help with.

The program's goal, Mr. Carter said, is to create sustainable change in the targeted areas by helping people take control of their own lives and neighborhoods. To meet this goal, he suggests that the communities help determine exactly what their communities need and that residents work with The Atlanta Project volunteers and staff to meet these needs. The program is designed not only to help people, but to empower them to help themselves.

"The key words," Dr. Hawk said, "are empowerment, collaboration and volunteerism."

Project staff member are now hard at work in many neighborhoods, and communities are identifying new areas they want assistance with.

"We are operational now," said Dan Sweat, coordinator of The Atlanta Project. "We have hired 18 of the 20 cluster coordinators and the collaboration center is set up and functioning. Steering committees and various task forces and volunteers are hard at work in the neighborhoods."

In keeping with the program's mandate to listen and to help only when and where the neighborhoods ask for assistance, The Atlanta Project staff members have attended more than 2,000 neighborhood meetings in the past year. The

program also is stable financially, having raised its five-year budget of $26 million, about half of which is actual funds and half of which is in-kind services. More than 60 percent of the money raised goes directly into the neighborhood projects, according to Mr. Sweat. The remainder is used to support other aspects of the program. Many businesses also have volunteered to become corporate partners with specific neighborhoods and have loaned executives to work with cluster coordinators.

"We also have established a relationship with the United Way and helped to create the Volunteer Action Center," Mr. Sweat said. "Volunteers are now being trained, and some are already working in the neighborhoods. Mostly, the volunteers have been channeled into existing agencies in need of manpower who are working in the neighborhoods, like Families in Action, a drug-prevention program that was already in place but needed more volunteers."

Mr. Sweat is confident the health-care aspect of the project will meet its potential under the guidance of Dr. Hawk. "Of all the people I know, I can't think of anyone with a deeper and more abiding love for children than Judson Hawk. He works not only with health issues, but all children's issues. We are delighted that he is here to provide the guidance to our project to make sure that not one child who needs our assistance goes without."

While the project is a coordinated effort, Dr. Hawk's specific focus is on children and expectant mothers and their health. He hopes to help create "family centers" in interested neighborhoods, where residents can come for many purposes, such as classes on effective parenting, job-skills training and medical care. For the moment, much of his time is spent meeting with members of local and state medical associations, government representatives and others involved in the project, determining how their aid can be most effective.

"As I've become involved with this project, I've realized that I don't really know anything about actually living in poverty, especially the kind of poverty some people in these neighborhoods have dealt with for their entire lives," Dr. Hawk said. "I've treated many children whose parents couldn't afford to pay, but poverty is getting so that it is nearly impossible to work your way out of without some assistance from others."

One aspect he has become quite familiar with is the shortcomings of the current medical care system for those who can't afford to pay.

"We know that the current public medical care system isn't working correctly," he said. "A child often has to become critically ill before gaining access to the system. In the past, we've been blaming parents when their children didn't receive appropriate medical care. While parents do share part of the responsibility, we, as part of the system, also must take our part of the blame. And we are the ones who have the tools to improve this situation.

"For example, the proposed Mother's and Children's Insurance Act of 1991, which is before Congress now, would provide health insurance for mothers and children who otherwise don't have any," he said. "It would use Medicaid and other monies that are already allocated, along with corporate and philanthropic funds, to meet these needs. Legislation such as this could be invaluable to helping us to improve the health of many of Atlanta's children."

Dr. Hawk feels that the issue isn't whether taxpayers can afford to pay for reforms, but how the money that is going to be spent will be used.

"The real question is this: Where do we want to focus our resources? Do we spend money on children now, or do we build more jails later? All of these problems are interrelated, and it's much more cost-effective to help break this cycle now. So many of these problems can be prevented. The key is prevention and attention during the first years of life, and strengthening the family.

"We must patch the system of health care that we have now, before we can help create a system that will provide care for everyone. Right now, this will involve volunteerism, physicians taking more patients who can't afford to pay, and working closely with the many local, state and national medical organizations to improve care, especially to children and expectant mothers.

"There are a multitude of organizations who are working with children. One of my goals is to help get these organizations to work together, to cooperate and really make a difference in health care for children." ■

—INGRID HEGGOY

VOICE VISU

The pulsating beat of a strobe light conjures up images of many things, none of them associated with medicine. But now, doctors and speech pathologists at the Medical College of Georgia are using the strobe light as a vital tool in diagnosing problems in the larnyx.

The laryngo video strobe is a combination of a strobing light source, endoscope and video camera and recorder. The images of the vocal cords that the strobe enables the eye to see reveal fascinating information, according to Jeanette S. Young, director of the MCG Audiology and Speech Pathology Service.

"This permits us to make diagnoses that were not easy to make before because it gives you a captured image of dynamic movement of the vocal cords, not a static image," Ms. Young said.

The V-shaped vocal cords sit atop the airway where Adam's apples protrude. Air passes through the cords and causes them to vibrate much like the strings on a guitar. Problems in the vibration of the vocal cords cause changes in the voice. The laryngo video strobe gives doctors and speech pathologists an image of the cords' movement which is too fast for the eye to see.

The laryngo video strobe works much like a strobe light in a dance club. The strobe light pulsates, giving the viewer an image that appears to be moving at a slower pace than it actually is. "You can see fine nuances that you can't see with the naked eye," said Dr. Edward S. Porubsky, chief of the MCG Section of Otolaryngology.

Those fine nuances could be abnormal

ALIZATION

white patches on the vocal cords, called leukoplakia, which may be a precursor of cancer, or nodules, which form on the vocal cords when they have been overworked.

The tiny nodules interfere with the movement of the cords by changing how the cords come together. They gradually get bigger with continued abuse. As the nodules get bigger, the voice quality goes down. If the cords are continually stressed, the nodules might have to be removed surgically.

"I then give the person voice therapy to remove the abusive behavior," said Mrs. Young. "If I don't, the nodules will grow back in exactly the same place." With the laryngo video strobe, Mrs. Young can literally show the patient how his behavior affects his vocal cords and how to change it. "I use it for visual cues. I say, 'Look, this is what you are doing to your vocal cords.'"

Abusive behavior can be anything from habitual coughing or throat-clearing to excessive loud talking and screaming. Mrs. Young has even treated rap singers who have literally blown out their vocal cords from continued abuse.

When Mrs. Young studies the pictures provided by the laryngo video strobe, she looks for anything that would impede normal function of the vocal cords. "The edges of the cords should be straight," she said. "I look for growths. I look at the movement. The two cords should be mirror images of each other."

The scope can also be used to diagnose more serious problems. Cancer of the larnyx produces white patches on the vocal cords which can be detected with the scope. "You have a tiny, tiny lesion which has to start somewhere which can cause an alteration in the voice. If seen early, cancers of the larnyx can be cured about 92 percent of the time," said Dr. Porubsky. Allowed to progress, that cure rate drops to about 25 percent.

One advantage of the laryngo video strobe is that it is a great deal more comfortable for the patient than the traditional methods of observing the larnyx. The procedure involves sticking a small rod to the back of the throat for short periods of time. The patient usually suffers no discomfort. "It's wonderful," said Julie Marks,* a speech pathology patient from Tifton, Ga. "There is no comparison between this method and the others."

Traditional methods of viewing the larnyx involve sticking a tube through the nasal passage, or peering down the throat using a mirror, both of which can be quite uncomfortable. Lack of light is a problem with these methods as well. The laryngo video strobe provides pictures that are clear and bright, providing a clearer view of the potential problem.

Ms. Marks' allergy problems and stress combined to take away her voice. But, through the use of the laryngo video strobe, she is learning to speak again. "You don't think about your voice," she said. "I thought I was going to have to do sign language."

Mrs. Young has been giving speech lessons to Ms. Marks based on what she learned from the pictures provided by the laryngo video strobe. "The allergies had inflamed the cords, and the stress that it caused on her voice only made it worse," said Mrs. Young. "What we've done is try to eliminate the physical strain that she has put on her voice."

Ms. Marks was as impressed with Mrs. Young as much as she was with the laryngo video strobe. "The main thing is Jeanette has been the most professional individual to work with, because she gave me the confidence that I could talk properly again." ■

—GLENN HUDSON

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